

UNIVERSITY OF CENTRAL FLORIDA

403(b) Salary Reduction Agreement

For Voluntary Non-SUSORP Contributions

Part 1: Employee Information						
Name:						
UCF Employee ID:						
		Part 2: Contribution Updates				

Note: All contributions listed below will supersede any prior agreement(s). If you are currently contributing to multiple investment providers, please be sure to list all contributions you wish to continue. Any active 403(b) contributions found in our records, but not listed below, will be discontinued.

Check One		Investment Provider	Biweekly Contribution Amount (Participants must indicate a dollar amount or percentage)	
 □ Existing Contribution □ Begin Contribution □ Change Total Contribution □ Stop Contribution 	4Z	Fidelity 403(b) Pre-Tax	\$	%
 □ Existing Contribution □ Begin Contribution □ Change Total Contribution □ Stop Contribution 	48	TIAA 403(b) Pre-Tax	\$	%
□ Existing Contribution□ Begin Contribution□ Change Total Contribution□ Stop Contribution	4R	AIG (formerly VALIC) 403(b) Pre-Tax	\$	%
 □ Existing Contribution □ Begin Contribution □ Change Total Contribution □ Stop Contribution 	4 J	Fidelity ROTH 403(b) Post-Tax	\$	%
□ Existing Contribution□ Begin Contribution□ Change Total Contribution□ Stop Contribution	4U	TIAA ROTH 403(b) Post-Tax	\$	%
 □ Existing Contribution □ Begin Contribution □ Change Total Contribution □ Stop Contribution 	4K	AIG (formerly VALIC) ROTH 403(b) Post-Tax	\$	%

☐ Change Total Contribution	40	TIAA KOTII 403(b) FOSt-Tax	φ	70				
 Stop Contribution Existing Contribution Begin Contribution Change Total Contribution Stop Contribution 		AIG (formerly VALIC) ROTH 403(b) Post-Tax	\$	%				
Paycheck Effective Date: This is the effective date that your 403(b) contribution will be changed to the amount indicated above and allotted to the nivestment provider(s) as designated. Please note that if your form is received after the payroll processing deadline of the Wednesday before the pay period ending date, it will be effective on the following paycheck. Part 3: Employee Acknowledgement, Authorization & Signature Contract: Prior to completing this agreement, I have opened a 403(b) account with the investment provider selected. Changes: 403(b) participants may make changes at any time throughout the year by completing a new Salary Reduction Agreement (SRA). Deferral Authorization: This SRA must be signed in order to be processed. By signing this SRA, I understand that this agreement is legally binding and irrevocable with respect to amounts earned while it is in effect and supersedes any prior agreement(s). I am responsible for monitoring the accuracy of the dollar amount to be deferred on an annual basis, and if annual elective deferrals exceed the maximum dollar limitations imposed by Sections 403(b), 402(g) and/or 415(c) Internal Revenue Code, I am responsible for payment of any additional tax, interest or penalty that may be assessed.								
Print Employee Name		Employee Signature	Date					
Submit completed form to the H (<u>Benefits@ucf.edu</u>).	uma	n Resources Benefits Section via fax (4	407.882.9022) or en	nail				
Benefits Staff Initia	als: _	Date Processed:						