

UF 403(b) Salary Reduction Agreement (SRA)

Employee								
Contribution Action, Plan Type, Vendor, and Amount	Name (Last, First)		UF ID#	UF ID #				
	Email Address		Daytime Phone Number					
	A. I want to (choose one): Start*/re-start contributions							
				elected vendor. Specify \$ or %.				
	Fidelity	MetLife	TIAA	VALIC	VOYA			
	 Effective Date: I understand this SRA is effective in the current pay cycle when the form is received by Benefits. *Contract: If starting contributions, I have opened the required account with the vendor selected prior to submitting this SRA. I understand that failure to open the account will result in my contributions bei returned. Changes: I am aware that I can make changes to my UF 403(b) contributions at any time throughout th year by submitting a new SRA to UF Benefits. State University System Optional Retirement Program (SUSORP) Participants: I understand that I must contribute elective deferrals to the SUSORP account equaling the employer contribution before making elective deferrals to a tax-deferred UF 403(b) plan, unless I am contributing to a 403(b) custodial accounting IRS Contribution Limits: My voluntary contributions to 403(b) plans (including SUSORP, Tax-Deferred UF 403(b), and Roth UF 403(b) plans), 401(k) plans, the federal government's Thrift Savings Plan, and othe employer plans are in compliance with the IRS 402(g) annual limit. Deferral Authorization: By signing this SRA, I understand that this agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. I am responsible for: The accuracy of the excludable amounts stated in this agreement Monitoring the accuracy of the dollar amount to be deferred on an annual basis Any overstatement of the amounts excludable as a salary reduction in this agreement of the requirement of IRC Sections 403(b), 402(g), and/or 415 Any additional taxes, interest, and penalties that may be assessed 							
Acknowledgement and Authorization	Benefits. *Contract: If to submitting returned. Changes: I a year by subm State Univers contribute el elective defe IRS Contribut 403(b), and F employer pla Deferral Auth irrevocable v o The o Mo o Any oth	f starting contributions, g this SRA. I understand m aware that I can make nitting a new SRA to UF sity System Optional Rective deferrals to the strals to a tax-deferred litting to a tax-deferred litting to a tax-deferred litting. My volunta Roth UF 403(b) plans), and are in compliance we norization: By signing the vith respect to amounts accuracy of the excludinitoring the accuracy of voverstatement of the er violation of the requirements.	I have opened the required that failure to open the see changes to my UF 40 Benefits. tirement Program (SUS SUSORP account equali UF 403(b) plan, unless I ry contributions to 403 401(k) plans, the federa with the IRS 402(g) annumber is SRA, I understand the searned while it is in effable amounts stated in the dollar amount to lamounts excludable as irement of IRC Sections	uired account with the e account will result in 3(b) contributions at a ORP) Participants: I ung the employer contributing to a contribution in the sect. I am responsible this agreement on an annotation as alary reduction in the contribution in t	e vendor selected prion my contributions be any time throughout the nderstand that I must ribution before making 403(b) custodial accounts of the Savings Plan, and other egally binding and efor: ual basis his agreement or any			

For Vendor Representative Use Only		F	For UF Benefits Use Only	
		Date Received	Date Entered	Entered By