



**J. Hillis Miller Health Center 403(b) Plan
Academic Enrichment Fund (AEF)
Vendor Selection Form**

Employee Information

Name (Last, First)

UF ID #

Email Address

Daytime Phone Number

Vendor

Check the box for the vendor you've selected (choose one):

Fidelity	MetLife	TIAA	VALIC	VOYA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Acknowledgement
and Authorization**

- **Effective Date:** I understand this vendor selection is effective in the current pay cycle when the form is received by UF Benefits.
- **Contract:** I have opened the required account with the vendor selected prior to submitting this vendor selection form. I realize that failure to open the account will result in my contributions being returned.
- **Contributions:** I understand that employer contributions are based on compensation from the Academic Enrichment Fund (AEF), equal to the contribution percentage for the State University System Optional Retirement Program (SUSORP) in accordance with Section 121.35, Florida Statutes including required employee contributions in Section 121.71, Florida Statutes.
- **IRS Contribution Limits:** All employer and employee contributions to my 403(b) plans (including the SUSORP, Health Center AEF, Tax-Deferred UF 403(b), and Roth UF 403(b) plans), 401(k) plans, the federal government's Thrift Savings Plan, and other employer plans are in compliance with the IRS annual 415 limit. I realize that I must carefully monitor my contributions to ensure they are within the limits established for the specific calendar year. I am aware that I'm responsible for any additional taxes, interest, and/or penalties that may be assessed due to over-contributing.
- **Authorization:** By signing this vendor selection form, I understand that I am responsible for:
 - Monitoring the accuracy of contributions deferred on a regular basis
 - Reviewing my contribution allocation with the selected vendor

Employee Signature (This form must be signed in order to be processed.)

Date

SUBMIT COMPLETED FORM TO THE UF BENEFITS OFFICE VIA FAX (352-392-5166) OR EMAIL (benefits@ufl.edu)

For Vendor Representative Use Only

For UF Benefits Use Only		
Date Received	Date Entered	Entered By