

12/21/2018 ONE-TIME PERFORMANCE PAYOUT

UF 403(b) Salary Reduction Agreement (SRA)

Employee Information

Name (Last, First)

UF ID #

Email Address

Daytime Phone Number

Contribution Action, Plan Type, Vendor, and Amount

- A. Type of 403(b) Plan (choose one):
 Tax-Deferred After-Tax ROTH

B. Indicate the **ONE-TIME** contribution dollar amount under your selected vendor.

Fidelity	MetLife	TIAA	VALIC	VOYA
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Acknowledgement and Authorization

- **Effective Date:** I understand this SRA is effective ONLY FOR THE 12/21/2018 PAYCHECK and that my biweekly contributions will be restored to the previous percentage/amount for subsequent paychecks.
- I understand this form must be received by UF Benefits no later than close of business on 12/3/2018.
- 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 other 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 or any other violation of the requirement of IRC Sections 403(b), 402(g), and/or 415
 - Any additional taxes, interest, and penalties that may be assessed

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

Date

SUBMIT COMPLETED SRA 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