

**UNIVERSITY OF TENNESSEE
ENROLLMENT/SALARY REDUCTION FORM
403(B) PLAN**



(865) 974-5251
(865) 974-3559 (Fax) retirement@tennessee.edu

Employee Information:

Last Name		First Name	MI	IRIS Personnel No	
Address - Number & Street				E-Mail address	
City		State	Zip Code	<input type="checkbox"/> Monthly	
Home Phone		Office Phone		<input type="checkbox"/> Biweekly	

Contribution Information:

Effective Date: _____
Month Year

I authorize the University of Tennessee to deduct _____ per pay period from my gross salary as before-tax contributions. I understand that these contributions will be withheld from my paycheck and contributed by my employer to the Company(ies) listed below. (\$30 per month contribution minimum)

Company Information: (specify percentage to be directed to each company)

_____ %	TIAA-CREF
_____ %	VOYA

Percentages must be whole numbers and equal 100%

- New Enrollment** Increase
- Payroll Deduction
- Longevity
- Increase
- Decrease Payroll Deduction
- Stop Contributions
- Bonus

Note: 1.) A separate form will need to be completed for Longevity Deferrals 2.) Minimum Deferral= \$30 per month
**Remember to complete the online enrollment process with the vendor.

For UT Retirement Services Staff Only:

\$ _____	-Regular Contribution	
\$ _____	-Age Catch-Up Contribution	
\$ _____	-15-Year Service Contribution *	*Must contact Retirement Services to utilize this option

Participation Agreement:

I have received a copy of the University of Tennessee Plan Document and understand the terms and provisions thereof. This plan is incorporated into the Agreement and that these together constitute my entire rights and obligation under the plan. This form is a legally binding contract - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have contributions deducted from my account and sent to the company selected above. I will establish investment options with the company. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or Internal Revenue Code. It is my responsibility to monitor the amount I contribute per pay period to ensure that my total annual deferrals to the Plan(s) do not exceed the amount permitted under the Internal Revenue Code as amended from time to time. I understand that deferral amounts can be reduced and/or suspended to meet statutory limits.

Required Signature:

I have completed, understand and agree to the information listed above. By execution of this agreement, I hereby cancel any 403(b) agreements previously executed by me. This agreement supercedes all prior agreements. In consideration of execution by the University of this agreement, I, the employee, hereby agree to indemnify and hold harmless and release the University and all its trustees, officer, and employees from all claims and liability of any type directly or indirectly arising out of this agreement.

_____ Employee Signature	_____ Date
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