

UNIVERSITY OF KENTUCKY
SALARY REDUCTION AUTHORIZATION FORM
VOLUNTARY RETIREMENT PLAN
CONTRIBUTIONS

INTERNAL USE ONLY	
B/W PAY DATE _____	_____ Annual Contribution Limit
MO PAY _____	

EMPLOYEE ID NUMBER

403(b) - 2009

By this agreement, made between the **employee**, _____, and the UNIVERSITY OF KENTUCKY, the parties hereto agree that: Effective with respect to amounts paid for and after the **PAYROLL BEGINNING** _____, **2009** the employee's bi-weekly or monthly salary will be reduced by the amount indicated below. The University in turn will remit an amount equal to the salary reduction to the carrier or carriers designated by the employee.

This agreement is legally binding with respect to amounts earned while it is in effect; except that the University may reduce the amount of salary reduction if it is determined that such amount exceeds the limitations of Internal Revenue Code Sections 403(b), 415, 457 and or 401(k). Either party may terminate this agreement at any time. The change will take effect on the next payroll, unless otherwise indicated above.

- (1) _____ **NEW ENROLLMENT:** Check here if you have never participated in UK's voluntary retirement plan before. **If you do not have an existing account with the company(ies) selected, an application form for each company selected must accompany this authorization.**
- (2) _____ **RE-ENROLLMENT:** Check here if you have participated in UK's voluntary retirement plan before and are re-enrolling for the current calendar year with contributions to resume to the same contract(s).
- (3) _____ **CHANGE:** Check here if you are currently participating in UK's voluntary retirement plan and wish to change the dollar amount during the calendar year, or if contributions are being made to a different company(ies). **If you do not have an existing account with the company(ies) selected, an application form for each company selected must accompany this authorization.**

INITIAL DISTRIBUTION of contributions within each company is established on the original application form. The employee must make subsequent investment changes between funds within a company directly with the company. Changes of distribution among companies must be made using this form.

I understand that my total annual contribution must not exceed the maximum limit established in the IRS Code. It is my responsibility to contact the Employee Benefits Retirement Office to be sure that my contribution does not exceed the maximum allowance.

PLEASE INDICATE THE DOLLAR AMOUNT TO BE WITHHELD FOR EACH PAY PERIOD. **IMPORTANT** – Please note: **If you are in the basic 403(b) retirement plan, the amount on this form will be withheld in addition to the 5% mandatory contribution. If you enroll in the basic 403(b) retirement plan during this calendar year, the amount on this form will continue to be withheld in addition to the 5% mandatory contribution unless you complete a revised "403(b) Voluntary Retirement Plan Contributions" form.**

AMOUNT PER PAYCHECK:

Enter an amount for each carrier with which you wish to participate. If no deduction is desired, enter zero.

FIDELITY	TIAA-CREF (RA)	TIAA-CREF (GSRA)
\$ _____	\$ _____	\$ _____

If you also have **voluntary Roth** deductions do you wish to replace them with this contribution? Yes _____ No _____
(Total 403(b) voluntary pre-tax and Roth (post-tax) contributions cannot exceed your annual contribution limit.)

EMPLOYEE SIGNATURE

DATE

RETIREMENT OFFICE AUTHORIZATION

DATE