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

University of Tennessee
Benefits & Retirement Services
600 Henley Street
115 Conference Center Bldg.
Knoxville, TN 37996
(865) 946-8847 or (888) 444-8847 (Phone)
(865) 974-3559 (Fax) benefits@tennessee.edu

Employee Information:

Last Name | First Name | MI | SSN or IRIS Personnel No

Address - Number & Street | E-Mail address

City | State | Zip Code | ___ Monthly

Home Phone | Office Phone | ___ 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.

Regular Contribution $_____

Age Catch-Up Contribution $_____

15-Year Service Contribution $_____

☐ New Enrollment** ☐ Decrease Payroll Deduction

☐ Increase Payroll Deduction ☐ Stop Contributions

☐ Longevity ☐ Bonus

Note: A separate form will need to be completed for Longevity Deferrals
**Remember to complete a Company Enrollment Form in addition to this form.

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

_____ % Ameriprise Financial

_____ % Fidelity Investments

_____ % ING

_____ % TIAA-CREF

_____ % VALIC

Percentages must be whole numbers and equal 100%

Participation Agreement:

I have received a copy of the University of Tennessee Plan Document and understand the terms and provisions therof. This plan is incorporated into the Agreement and that these together constitue 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 agreeements. In consideration of execution by the University of this agreement, I, the employee, hereby agree to indmnify and hold harmless and release the University and all its trustees, officer, and employees form all claims and liability of any type directly or indirectly arising out of this agreement.

Employee Signature **Date**