UNIVERSITY OF TENNESSEE ANNUAL LEAVE DEFERRAL FORM 403(B) PLAN



					(865) 974-5251 (865) 974-3559 (Fax)	retirement@tennessee.edu	
Employee Information	:						
	1		1				
Last Name	First Name		MI		IRIS Pers	sonnel No	
Address - Number & Street					E-Mail	address	
					Monthly		
City	State	Zij	p Code				
Home Phone		Office Phone			Biweekly		
Contribution Information:							
	_		I				
Effective I	Date: Month		Year				
Company Information:	(specify percenta	ge to k	be directed t	o each d	company)		
			%	TIAA	CREF		
			%	VOY	A		
	Percentages mu	st be wh	ole numbers a	nd equal 1	00%		
I authorize the deduction of \$ from my annual leave pay				_	I authorize the deferral of my net annual leave pay after SS taxes and Medicare		
	ing annual leave p	.,					
Participation Agreem	ent:						
i a de paren / gi com							
L have received a conv	of the University of	Toppo	ssoo Plan Dr	oumont	and understand the terr	ns and provisions therof.	
						and obligation under the	
					ing and submitting this F	-	
					•	t to the company selected	
	-				and that the maximum a levenue Code. It is my r		
					•	o not exceed the amount	
-				time to t	ime. I understand that d	eferral amounts can be	
reduced and/or suspen	ded to meet statuto	ory limit	S.				
Required Signature:							
I have completed, understand							
employee, hereby agree to inc	dmnify and hold harmles	s and re	lease the Univer			niversity of this agreement, I, the loyees form all claims and	
liability of any type directly or	indirectly arising out of t	his agree	ement.				

Employee Signature

Date