

**UNIVERSITY OF TENNESSEE
ANNUAL LEAVE SALARY REDUCTION FORM
403(B) PLAN**

University of Tennessee
Benefits & Retirement Services
600 Henley Street
115 Conference Center Bldg.
Knoxville, TN 37996
(865) 974-4341 (Phone) (865) 974-3559 (Fax)
benefits@tennessee.edu

Employee Information:

Last Name		First Name	MI	SSN or IRIS Personnel No
Address		E-Mail address		
City	State	Zip Code		____ Monthly
Home Phone		Office Phone		____ Biweekly

Contribution Information:

I authorize the University of Tennessee to deduct the following from my annual leave pay. I understand that these contributions will be withheld from my paycheck and contributed by my employer to the Company(ies) listed below.

Effective Date: _____
Month Year

- New Enrollment** (accompanied by Annual Leave Deferral Agreement and Company enrollment form)
- 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

Note: A separate form will need to be completed for Longevity

**Remember to complete a Company Enrollment Form in addition to this form.

Company Information: (specify amount/percent to be directed to each company)

\$ or %	_____	Ameriprise Financial
\$ or %	_____	Fidelity Investments
\$ or %	_____	ING Financial Services
\$ or %	_____	TIAA-CREF
\$ or %	_____	Valic

Participation Agreement:

This agreement is incorporated into the Plan document and that these together constitute my entire rights and obligation under the plan. This form is a legally binding contract and I understand the terms and provisions thereof. 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(ies) selected above. I will establish investment options with the company(ies). I understand that the maximum annual limit on contributions is determined under the Plan Document and/or Internal Revenue Code. 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

Authorized Plan Signature

Date