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



				(865) 974-5251 (865) 974-3559 (Fax)	retirement@tennessee.edu	
Employee Information:				L ii		
Last Name	First Name	MI		IRIS Pers	sonnel No	
Addre	ess - Number & Stre	eet		E-Mail	address	
				Monthly		
City	State	Zip Code				
				Biweekly		
Home Phone		ice Phone				
Contribution Information	on:					
Effective D	Date:					
	Month	Yea	ar			
I authorize the University o					as before-tax contributions.	
I understand that these cor below. (\$30 per month cor		held from my payc	heck and o	contributed by my employer	to the Company(ies) listed	
Company Information:		ge to be directed	d to each	ı company)		
		%	TIA	A-CREF		
		%	VO	YA		
	Percentages mus	st be whole numbers	e and equa	1 100%		
New	Enrollment** Increa		s and equa	Decrease Payroll De	aduction	
Payro		Stop Contributions				
Long			Bonus			
Note: 1.) A separate form will **Remember to complete the	need to be completed for		s 2.) M	Minimum Deferral= \$30 per mon	nth	
For UT Retirement Ser						
\$		-Regular (-Regular Contribution			
\$		0	Age Catch-Up Contribution			
\$\$				Contribution *	*Must contact Retirement Services to utilize this	
				_	option	
Participation Agreeme		Dian Desument and	wateretend	the terms and provisions thereof	This plan is incorporated into	
				the terms and provisions therof the plan. This form is a legally b		
that by signing and submitting	this Participant Enrollm	ent form for processir	ng, I am req	uesting to have contributions de	educted from my account and	
				any. I understand that the maxi t is my responsibility to monitor		
period to ensure that my total	annual deferrals to the F	Plan(s) do not exceed	the amoun	t permitted under the Internal Re	evenue Code as amended from	
time to time. I understand that Required Signature:	deferral amounts can b	ียายันแระสาน/มา จนจ	pended to r	neet statutory innits.		
	and agree to the inform	ation listed above. By	y execution	of this agreement, I hereby can	cel any 403(b) agreements	
previously executed by me. T	his agreement superced	des all prior agreeeme	ents. In con	nsideration of execution by the U	Iniversity of this agreement, I, the	
liability of any type directly or i	-		iversity and	all its trustees, officer, and emp	loyees form all claims and	
		-				

Employee Signature

Date