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



(865) 974-5251 (Fax) retirement@tennessee.edu

Employee Information:				
	l	i		
Last Name	First Name		MI	IRIS Personnel No
Address - Number & Street				E-Mail address
				Monthly
City	State	Zip	Code	
				Biweekly
Home Phone				
Contribution Information:				
Effective Date:		[		
	Mon	th	Year	
I authorize the University of Ten				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. (\$30 per month contribution minimum)				
Company Information: (specify percentage to be directed to each company)				
			%	TIAA-CREF
			%	VOYA
Percentages must be whole numbers and equal 100%				
New Enrollment Longevity				
Change Payroll Deduction				Bonus
Stop Contributions			Note:	
Stop Contributions				1.) A separate form will need to be completed for
**Remember to complete the	online enroll	ment proces	ss with	Longevity Deferrals 2.) Minimum Deferral = \$30 per month
the vendor.				2.) William Bolomai — Que per mena.
- Regular Contribution				
- Age Catch-Up Contribution				
- Age Calcil-Op Collinbution				
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 agreements. 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.				
Employ	yee Signatu	ıre		Date
Emplo	, Jo Jigilatu	•		Duto