## 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

403(B) PLAN					(865) 946-8847 or (8 (865) 974-3559 (Fax		14-8847 (Phone) benefits@tennessee.edu	
Employee Information:					(1005) 974-0009 (1 ax	·)	Deficitio & termessee.edu	
	Ī		İ					
Last Name	First Name		MI	_	IRIS	Per	sonnel No	
Address	- Number & S	Street				Mail	address	
				_	Monthly			
City	State	Zip	Code		_			
		0.00			Biweekly			
Home Phone Contribution Information:		Office Pho	one					
Contribution information.			ı					
Effective Date	):							
	Mor	nth	Year					
I authorize the University of Te I understand that these contrib below. (\$30 per month contrib	outions will be	withheld fro						
Regular Co	ontribution		\$	<del></del>				
Age Catch	-Up Contributi	on	\$					
15-Year Service Contribution * \$					*Must	contac	ct Benefits Dept. to utilize this option	
New Enro	ollment**				Decrease Payrol	ll Dec	duction	
Increase	Payroll Dedu	ction			Stop Contribution	ns		
Note: 1.) A separate form will nee	d to be complete any Enrollment I	Form in addit	tion to this form.	,	Bonus num Deferral= \$30 pe	er mor	th	
Company Information: (sp		_			impany)			
			Ameriprise F					
		%	Fidelity Inve	stments				
		%	TIAA-CREF					
		%	VALIC					
		%	VOYA/ING					
	s must be who	le numbers	and equal 100°	<b>%</b>				
Participation Agreement: I have received a copy of the Univitie Agreement and that these togethat by signing and submitting this sent to the company selected abordontributions is determined under period to ensure that my total annutime to time. I understand that defer	ether constitue not participant Enroye. I will establishe Plan Documual deferrals to the	ny entire righ ollment form sh investmer ent and/or In he Plan(s) do	nts and obligation for processing, nt options with the internal Revenue to not exceed the	n under the part of the part o	plan. This form is a le ling to have contribution I understand that the my responsibility to mo mitted under the Inter	gally lons de maxi	binding contract - I understand educted from my account and mum annual limit on the amount I contribute per pay	
Required Signature:  I have completed, understand and previously executed by me. This a employee, hereby agree to indmni liability of any type directly or indirectly.	agreement supe fy and hold harn	rcedes all pri nless and rel	ior agreeements lease the Univer	. In conside	ration of execution by	the U	niversity of this agreement, I, the	
Employee Signature					Date			