UNIVERSITY OF TENI ENROLLMENT/SALAF 403(B) PLAN		FORM	University of Tennessee Benefits & Retirement Services 600 Henley Street 115 Conference Center Bldg. Knoxville, TN 37996 (865) 946-8847 or (888) 444-8847 (Phone) (865) 974-3559 (Fax) benefits@tennessee.edu
Employee Information:			· · · · · · · · · · · · · · · · · · ·
		1	
Last Name	First Name	MI	IRIS Personnel No
Address ·	Number & Street		E-Mail address
			Monthly
City	State Z	Zip Code	
			Piwookhy
Home Phone	I Office P	hone	Biweekly
Contribution Information:			
		1	
Effective Date			_
	Month	Year	
I authorize the University of Tennessee to deduct 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)			
Regular Co	Intribution	\$	
Age Catch-Up Contribution		¢	
Age Catch-	Op Contribution	\$	
15-Year Se	ervice Contribution *	\$	*Must contact Benefits Dept. to utilize this option
New Enrollment**			
Increase Payroll Deduction			Stop Contributions
Longevity			
Note: 1.) A separate form will need to be completed for Longevity Deferrals 2.) Minimum Deferral= \$30 per month **Remember to complete a Company Enrollment Form in addition to this form.			
Company Information: (sp			ch company)
	%	AIG	
	%	Ameriprise Finan	cial
	%	Fidelity Investme	
	%	-	
		TIAA-CREF	
	%	VOYA	
Percentage Participation Agreement:	s must be whole numbe	rs and equal 100%	
I have received a copy of the Univer- the Agreement and that these toge that by signing and submitting this sent to the company selected above contributions is determined under the	ther constitue my entire ri Participant Enrollment for re. I will establish investm he Plan Document and/or al deferrals to the Plan(s)	ights and obligation under m for processing, I am r nent options with the con r Internal Revenue Code o do not exceed the amou	ad the terms and provisions therof. This plan is incorporated into er the plan. This form is a legally binding contract - I understand equesting to have contributions deducted from my account and apany. I understand that the maximum annual limit on It is my responsibility to monitor the amount I contribute per pay ant permitted under the Internal Revenue Code as amended from 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 agreeements. 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.

Employee Signature

Date