

University of Arkansas Optional Retirement Plan SALARY DEFERRAL AGREEMENT

Employee Name: _____ Soc. Sec. # or Employee ID # _____

I request that the following be processed as soon as administratively possible or a later effective date of _____.

- | | |
|---|--|
| <input type="checkbox"/> New Employee Initial Election (fill out A and/or B plus D) | <input type="checkbox"/> Stop My Contribution (fill out C) |
| <input type="checkbox"/> Change My Contribution (fill out A and/or B) | <input type="checkbox"/> Change My Fund Sponsor (fill out D) |

A

EMPLOYEE CONTRIBUTION		
Complete this section if you ARE eligible for University contributions.		
I authorize the University to reduce my salary by the percentage(s) indicated, and for the University to contribute such amount to the University of Arkansas Optional Retirement Plan (UAORP).		
Before-Tax	%	Unless I check one or both of the two boxes below, I understand that if I reach the 402(g) deferral limit in the 403(b) Plan, my contributions will continue on a before-tax basis under the 457(b) Plan. If I reach the deferral limit in the 457(b) Plan, my contributions will convert back to the 403(b) Plan as after-tax [not Roth 403(b)].
Roth 403(b) (After-Tax)	%	
TOTAL =	%	
UA matches employee contributions based on plan formula (see Employee Acknowledgements).		<input type="checkbox"/> <u>I do not wish to make after-tax contributions.</u> Cease my 403(b) and 457(b) contributions for the remainder of the year when I reach my deferral limits. <input type="checkbox"/> <u>I do not wish to participate in the 457(b) Plan.</u> If I reach the deferral limit in the 403(b) Plan in effect for the year, convert my contributions to after-tax in the 403(b) Plan.

B

SUPPLEMENTAL TAX DEFERRED ANNUITY		
Complete this section if you are NOT eligible for University contributions.		
Before-Tax	%	Unless I check the box below, I understand that if I reach the 402(g) deferral limit in effect for the year, my contributions will continue on a before-tax basis under the 457(b) Plan. <input type="checkbox"/> <u>I do not wish to participate in the 457(b) Plan.</u> Stop my 403(b) contributions when I reach my before-tax limit in effect for the year.
Roth 403(b) (After-Tax)	%	
TOTAL =	%	

C

TERMINATE SALARY DEFERRAL AGREEMENT
Check this box if you want to stop contributing to your retirement plan through payroll deduction.
<input type="checkbox"/> I am currently participating in a voluntary payroll deduction. I want to terminate my agreement. I understand that I can resume making contributions at any time in the future. I further understand that if I am eligible for University matching contributions, terminating the agreement may cause those contributions to decrease. If I am currently contributing greater than 5% and stop my contributions, the University's contributions will decrease to 5%.

D

INVESTMENT ELECTION AGREEMENT										
Complete this section if you are making an initial election or want to change your fund sponsor.										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TIAA-CREF _____ %</td> <td style="width: 50%;"></td> </tr> <tr> <td>Fidelity _____ %</td> <td></td> </tr> <tr> <td>Total 100 %</td> <td></td> </tr> </table>	TIAA-CREF _____ %		Fidelity _____ %		Total 100 %		I authorize the University to direct employer and/or employee contributions to the selected fund sponsor(s) as designated. I understand that I can make changes in the allocation between the fund sponsors at any time and that this election cancels out any previous election. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> NEW ACCOUNT I have attached the appropriate application form(s) for the fund sponsor(s) I have chosen. </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 40%; text-align: center;"> <input type="checkbox"/> CHANGE ONLY I already have an account with my chosen vendor(s). </td> </tr> </table>	<input type="checkbox"/> NEW ACCOUNT I have attached the appropriate application form(s) for the fund sponsor(s) I have chosen.	OR	<input type="checkbox"/> CHANGE ONLY I already have an account with my chosen vendor(s).
TIAA-CREF _____ %										
Fidelity _____ %										
Total 100 %										
<input type="checkbox"/> NEW ACCOUNT I have attached the appropriate application form(s) for the fund sponsor(s) I have chosen.	OR	<input type="checkbox"/> CHANGE ONLY I already have an account with my chosen vendor(s).								

I understand that it is my responsibility to read and agree to the Employee Acknowledgements listed on the back of this page.

Employee Signature Date (UA Human Resources Representative)

EMPLOYEE ACKNOWLEDGEMENTS

1. I acknowledge that this agreement applies only to compensation not yet paid or made available to me.
2. I acknowledge that this agreement will remain in effect until I change (revoke or modify) it. I may change this agreement by providing a new election form to my campus Human Resources office.
3. I acknowledge that if I elect to make 403(b) before-tax contributions, all distributions from such account are taxable when made.
4. I acknowledge that Roth contributions can only be made only to the 403(b) Plan.
5. I acknowledge that if I elect to make Roth 403(b) contributions, the combination of before-tax and Roth 403(b) employee contributions is limited to the 402(g) tax-deferred limit.
6. I acknowledge that Roth 403(b) contributions are after-tax, but provided certain requirements are met, distribution from the Roth 403(b) account are tax-free.
7. I acknowledge that after-tax contributions can only be made to the 403(b) Plan and that earnings are taxable upon distribution. This is different from Roth 403(b) contributions.
8. I acknowledge that with respect to 403(b) Plan amounts, I can change my contribution at any time. Changes in 457(b) elections must be made prospectively, before the beginning of the pay period.
9. I acknowledge that if I change the level of my contributions, the employer contribution for any period will be based on my contribution for that period.
10. I acknowledge that if I am eligible for matching University contributions, the University will contribute an amount equal to 5% of pay without requiring me to personally contribute. My contributions above 5% will be matched by the University, not to exceed a total of 10% per pay period and not to exceed IRS maximum amounts.
11. I acknowledge that unless otherwise elected, this agreement will automatically be renewed for the following year(s) unless specifically cancelled or replaced by a new agreement.
12. I acknowledge that separate investment elections and beneficiary designations must be made for the 403(b) Plan and 457(b) Plan.
13. I acknowledge that the allocation of amounts between investment options can be changed by me at any time.
14. I acknowledge that this agreement is legally binding and irrevocable for both the University and me with respect to amounts payable to me while the agreement is in effect.
15. I acknowledge that failure to fully complete the Election Form and include all necessary attachments may cause a delay or failure to reduce my compensation or direct my investment allocations.

EMPLOYEE CONTRIBUTION GUIDELINES

The 402(g) deferral limit refers to the maximum BEFORE-TAX 403(b) and ROTH 403(b) employee contributions. A separate 402(g) deferral limit applies to employee BEFORE-TAX 457(b) employee contributions.

YEAR 2013	402(g) Annual Limit Employees Below Age 50	402(g) Annual Limit Employees Age 50 and Above
403(b) Plan	\$17,500	\$23,000 (\$17,500 + additional \$5,500)
457(b) Plan	\$17,500	\$23,000 (\$17,500 + additional \$5,500)
TOTAL	\$35,000	\$46,000

PERCENTAGE LIMIT – The percentage limit is 100% of pay, minus required deductions, elected deductions, and retirement contributions.