INTERNAL USE ONLY
B/W _____
MO _____
SAP ID_____

Employee of:
□ UK
□ ESH

UNIVERSITY OF KENTUCKY
SALARY REDUCTION AUTHORIZATION AND DISTRIBUTION FORM
BASIC 403(b) RETIREMENT PLAN

_____
SOCIAL SECURITY NUMBER

By this agreement, made between_____ and the UNIVERSITY OF KENTUCKY, the parties hereto agree that: Effective with respect to amounts earned on or after _____, 20____ the employee's bi-weekly or monthly basic salary will be reduced by the amount required by the University's retirement plan. At the same time, the University will increase its contribution to the Employee's retirement plan carrier(s) by a corresponding amount. The contributions will begin on the payroll that begins following the date in which the employee became eligible.

This agreement is legally binding and irrevocable with respect to amounts earned while it is in effect.

CHECK ONLY ONE OF THE FOLLOWING CATEGORIES:

(A)____ NEW ENROLLMENT – **AN APPLICATION FORM FOR EACH COMPANY SELECTED MUST ACCOMPANY THIS FORM.** (If you have existing basic retirement contracts with any of these carriers that contributions will be going into, see Section A on the reverse side of this form, for procedures you must follow.)

☐ Check here if you completed/intend to complete an online application for enrollment with Fidelity or TIAA-CREF.

(B)____ CHANGE OF DISTRIBUTION (Additional Company – If funds are being distributed to a company which has not received basic retirement contributions previously, an application form for the new company must accompany this form.

(C)____ REDISTRIBUTION (Established basic retirement accounts) – If funds are being redistributed among companies that are already receiving or have previously received basic retirement (not voluntary) contributions, no additional application form is necessary.

INITIAL DISTRIBUTION of contributions within each company is established on the original application form. The employee must make subsequent investment changes between funds within a company directly with the company. DISTRIBUTION among companies can only be changed by using this form.

Distribute the total (employee and University) contribution as follows. The amounts must be whole-number percentages; the total must equal 100 percent.

Have you worked for CKMS or KMSF? Yes_____ No_____

COMPANY NAMES:

TIAA/CREF _____%

FIDELITY INVESTMENTS _____%

(Total Must Equal 100%)

_____
Employee Signature

_____
Retirement Office Authorization

_____
Date

_____
Date

_____
Daytime Telephone Number

OVER FOR INSTRUCTIONS

Social Security Number – Enter your 9 digit SSN.

First Paragraph - Enter complete employee name. DO NOT ENTER THE EFFECTIVE DATE! THE RETIREMENT OFFICE WILL ENTER THE EFFECTIVE DATE. THIS DATE WILL BE THE BEGINNING OF THE PAY PERIOD FOLLOWING RECEIPT OF PROPERLY COMPLETED FORMS, assuming eligibility requirements for enrollment have been met.

(A) Check this category at the time of initial enrollment or transfer enrollment in the retirement plan at UK. An application form for each company selected must accompany this form. If a transfer enrollment please include your contract/account number(s).

(B) Change of Distribution - Check this category if funds are to be sent to a company that has not previously received retirement plan (not voluntary) contributions. An application form on the new companies must accompany this form.

(C) Redistribution - Check this category if a change is desired in how retirement premiums are distributed among your current retirement plan carriers. This category is only applicable when retirement contracts/accounts for the desired retirement plan carriers have already been established.

Distribution between companies must be in whole number percentages (no fractions). The indicated percentages will be applied to both the employer and employee retirement contribution. The sum of all percentages must equal 100%. If the percentages do not equal 100%, the transaction will be rejected, thus causing a delay in your enrollment or distribution change.

Please contact the UK HR Solution Center at 257-9555 or e-mail address: hr@uky.edu if you have any questions.

Return all forms to: Solution Center, 106 Bosworth Hall, Lexington, KY 40506**.**

DO NOT MAIL TO COMPANY(IES).