

UNIVERSITY OF KENTUCKY
SALARY REDUCTION AUTHORIZATION FORM
VOLUNTARY RETIREMENT PLAN
CONTRIBUTIONS

INTERNAL USE ONLY	
B/W PAY DATE _____	Annual Contribution Limit _____
MO PAY DATE _____	

457(b) - 2022

EMPLOYEE ID NUMBER

By this agreement, made between the **employee**, _____ and the **UNIVERSITY OF KENTUCKY** the parties hereto agree that: Effective with respect to amounts paid after the first **PAYROLL BEGINNING in the month following enrollment**. The employee's bi-weekly or monthly salary will be reduced by the amount indicated below. The University in turn will remit an amount equal to the salary reduction to the carrier or carriers designated by the employee.

This agreement is legally binding with respect to amounts earned while it is in effect; except that the University may reduce the amount of salary reduction if it is determined that such amount exceeds the limitations of Internal Revenue Code Sections 457(b), 415, 403(b) and or 401(k). Either party may terminate this agreement at any time. The change will take effect on the next payroll, unless otherwise indicated above.

(1) _____ **NEW ENROLLMENT:** Check here if you have never participated in UK's 457(b) voluntary retirement plan before. **If you do not have an existing 457(b) account with the company(ies) selected, an application form for each company selected must accompany this authorization.**

(2) _____ **CHANGE:** Check here if you are currently participating in UK's 457(b) voluntary retirement plan and wish to change the dollar amount during the calendar year, or if contributions are being made to a different company(ies). **If you do not have an existing 457(b) account with the company(ies) selected, an application form for each company selected must accompany this authorization.**

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. Changes of distribution among companies must be made using this form.

I understand that my total annual contribution must not exceed the limits established in the IRS Code. *It is my responsibility to contact the Employee Benefits Retirement Office to be sure that my contribution does not exceed the maximum allowance.*

PLEASE INDICATE THE DOLLAR AMOUNT TO BE WITHHELD FOR EACH PAY PERIOD. **IMPORTANT** – Please note: **If you are in the basic 403(b) retirement plan, the amount on this form will be withheld in addition to the 5% mandatory contribution. If you enroll in the basic 403(b) retirement plan during this calendar year, the amount on this form will continue to be withheld in addition to the 5% mandatory contribution unless you complete a revised "457(b) Voluntary Retirement Plan Contributions" form.**

AMOUNT PER PAYCHECK:

Enter an amount for each carrier with which you wish to participate. To discontinue contribution enter zero.

FIDELITY PRE-TAX	FIDELITY ROTH (POST-TAX)	TIAA- GSRA PRE-TAX	TIAA-GSRA ROTH (POST-TAX)
\$ _____	\$ _____	\$ _____	\$ _____

Total 457(b) voluntary pre-tax and 457(b) Roth (post-tax) contributions cannot exceed your annual contribution limit.

EMPLOYEE SIGNATURE

RETIREMENT OFFICE AUTHORIZATION

DATE

DATE

DAYTIME TELEPHONE NUMBER