

TDSP

Tax Deferred Savings Program 403(b)



The University of Georgia

**Human Resources
Tax Deferred Savings Program**

**Salary Reduction Agreement
Company Distribution
Cancellation
403(b) Plan**

I wish to (check one):

- Start a new 403(b)
- Make a change to my existing 403(b)
- Cancel my 403(b)

Employee name Last	First	M I

Social Security Number

Email address

Pay Type:

- Monthly (12 months)
- Academic (10 months)
- Salaried (24 biweekly)
- Hourly (24 biweekly)

Campus phone Home phone

By my signature below, I agree that my **monthly** compensation shall be reduced by \$_____. (Please note that bi-weekly employees will have two deductions per month. Enter the monthly amount in the blank.)

Amount per pay period (per paycheck)

Company

_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____

The first reduction will be made month year ; or the pay period ending the month following receipt of this agreement by the employer. This agreement shall remain in full force and effect during the continued employment of said employee except as it may be amended or terminated in writing.

I understand the University of Georgia has not approved or disapproved any tax deferred savings program or any company writing such plan. It is the announced policy of the University of Georgia not to permit incidental life insurance benefits as a part of the tax deferred savings program. The determination of the maximum yearly contribution(s) to such plan or plans is my responsibility and not that of my employer, the University of Georgia. The University of Georgia's function is to assist in securing the annuity of my choice (which includes no life insurance), make the salary reduction authorized by me and to remit monthly premiums to the insurance company. The University may also place limits on the amount of my annual reduction.

All tax deferred savings program forms must be received in Employee Benefits by the last working day of the month prior to the month they are to become effective.

Employee's Signature Date

OFFICE USE ONLY

INITIAL

Coded _____ Checked _____

Entered _____ Rechecked _____