

**SALARY REDUCTION AUTHORIZATION FORM  
457(b) RETIREMENT PLAN**

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

\_\_\_\_\_  
**EMPLOYEE ID NUMBER**

By this agreement, made between the employee, \_\_\_\_\_, and the UNIVERSITY OF LOUISVILLE, the parties hereto agree that: Effective with respect to amounts paid for and after the PAYROLL BEGINNING \_\_\_\_\_, the employee's bi-weekly or monthly salary will be reduced by the amount indicated below.

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), and or 403(b). The change will take effect on the next payroll, unless otherwise indicated above. The employee may terminate this agreement at any time.

- (1) \_\_\_\_\_ **NEW ENROLLMENT:** Check here if you have never participated in the University's 457(b) voluntary account with the company(ies) selected. An application form for each company selected must accompany this authorization.
- (2) \_\_\_\_\_ **RE-ENROLLMENT:** Check here if you have participated in the University's 457(b) voluntary retirement plan before and are re-enrolling with contributions to resume to the same contract(s).
- (3) \_\_\_\_\_ **CHANGE:** Check here if you are currently participating in the University'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. 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 Human Resources to be sure that my contribution does not exceed the maximum allowance.

**PLEASE INDICATE THE DOLLAR AMOUNT OR PERCENTAGE TO BE WITHHELD FOR EACH PAY PERIOD.**

**AMOUNT PER PAYCHECK:**

*Enter a dollar amount or percentage for each carrier with which you wish to participate. If no deduction is desired, enter zero.*

<b>FIDELITY Plan #84885</b>	<b>TIAA-CREF</b>
\$	\$
%	%

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**RETIREMENT OFFICE AUTHORIZATION**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**