



University of Alaska Tax Deferred Annuity Salary Reduction Agreement

MAU/Major Administrative Unit (select one)		Department
Last Name	First	M.
Employee ID		Work Phone

Consult the "Instructions" page for important information about this form, and about certain amendments to the Internal Revenue Code (IRC) that apply to deferrals on and after January 1, 2009.

I. Please Read: The IRC allows an employee to change at any time the amount of their salary reduction agreement and the Tax-Deferred Annuity (TDA) Providers to which the money is being sent by completing a new Salary Reduction Agreement. All changes in the amount of salary reduced and/or TDA Provider(s) will become effective within 30 calendar days of receipt of the Salary Reduction Agreement in the regional human resources office. In addition, a Salary Reduction Agreement may be terminated with respect to compensation not yet earned, provided a Salary Reduction Agreement form is completed to terminate the prior agreement.

Check One: Original Designation Change in Reduction Termination of Agreement Provider Change

II. Tax Deferred Annuity Salary Reduction Agreement

1. This agreement is submitted this _____ day of _____, _____, to the University of Alaska, hereinafter "Employer," by _____, hereinafter "Employee."

Plan Code	Effective Date	Participating Provider	\$ Per Pay Period (to stop an agreement, enter \$0)	Calendar Year Goal (Required)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Annualized total of all deferrals under this Agreement may not, in 2009, exceed the \$16,500 IRC limit (\$22,000 if age 50 or over) unless supported by a calculation showing eligibility of an employee with 15 or more years of service for a special IRC section 402(g)(8) catch-up contribution. See your financial advisor or tax consultant for more information.

2. This agreement shall continue until the Employee completes another Salary Reduction Agreement either amending or terminating this agreement or upon termination of employment.

3. **The Employee is solely responsible for compliance with maximum limitations on contributions, including the limits under Sections 415(c), 402(g), and 414(v) of the IRC and related regulations. The Employee is hereby advised to consult his/her own financial or tax advisor before signing this agreement.**

4. I, the Employee, have read a current prospectus of the fund(s), and am electing to participate in the fund(s). I understand that there may be IRS restrictions, limitations on contributions, and tax penalties on early withdrawals. I understand that before completing this salary reduction agreement, I should receive professional consultation outside the Employer on such issues. **I understand that contributions and benefits under various retirement programs and tax-deferred annuity programs may affect the allowable contributions which I may make under this Agreement.**

I understand that this agreement is legally binding, and the Employer shall have no liability whatsoever for any loss or damages suffered by me. I agree to indemnify and hold harmless the Employer from any claims, demands, judgments, costs, or expenses (including reasonable attorney's fees) arising out of or relating to this agreement.

I have completely read this agreement and the instructions on the reverse side of this agreement. I have completed and submitted the provider's enrollment form(s).

Employee Signature: _____ Date: _____

Financial Advisor/Agent Name: _____

Company: _____ Telephone: _____

Personnel: _____ Date: _____ Entered by: _____ Date: _____

Instructions for Salary Reduction Agreement

Please complete all sections of the TDA Salary Reduction Agreement. Return original to your local human resource office. Retain a copy for your records. The following instructions will assist you in completing the form to ensure there are no delays in the effective date and your salary is reduced by the correct amount.

Important IRC Changes in Tax Law and Limits: In 2009 and future years, deferrals under this Agreement for a calendar year may not exceed the IRC limit under Section 402(g) (\$16,500 in 2009). In addition, for an employee age 50 or older, an additional \$5,500 deferral is allowable in 2009 and, for an employee with at least 15 years of service, a special additional catch-up contribution under IRC section 402(g)(8) may be possible. However, currently and in future years, if you participate in the University's Optional Retirement Program or other TDA programs, the sum of your mandatory ORP contributions plus your elective deferrals under this and any other TDA programs for a year may not exceed the annual IRC limit under Section 415(c) (100% of compensation or \$49,000, whichever is less).

I. Check One: Check *Original* if this is the first time you are entering into an agreement or are reestablishing an agreement. Check *Change in Reduction* if you are amending an existing agreement (changing dollar amounts). Check *Termination* if you are stopping the existing agreement. Check *Provider Change* if you are changing the provider(s) to which money is to be sent.

II. Employer/Employee Agreement: Print your name so that it is legible.

- **Effective Date and Amount**

Enter "ASAP" or the *pay period start* date (deductions will start the first full payroll period after this date). Enter the total dollar amount for each pay period, up to the maximum annual contribution limits pursuant to the IRC. To stop a current deduction, enter the effective date and \$0 for the amount.

- **Participating Provider Information**

Participating Provider: List *all providers*, for "original," "amending," "terminating," or "changing." If you are amending or changing, list all providers and show the dollar amount. To delete a provider, list all providers and show zero dollars for the provider(s) being deleted. *Do not* list specific fund names or investment vehicles within a provider.

Amount per Pay Period: Enter the dollar amount per provider per pay period. A zero dollar amount is entered when terminating participation with a provider or an agreement.

Calendar Year Goal: Enter your *total desired dollar contribution amount* per provider for the calendar year. The total amount entered for all providers cannot exceed the applicable aggregate IRC annual limit on contributions.

- **Signature and Date**

Items 2–4 provide you with important information on IRS regulations that apply to this program and your responsibilities. By signing this form, you are certifying that you have read and understand these items.

- **Financial or Tax Advisor**

If you complete this form with a financial or tax advisor, fill in the advisor's name, company, and telephone number.

Provider Account Application/Enrollment Form(s)

To open an account with any of the providers included in the TDA program, you must complete and submit the appropriate provider form(s) *directly* to the provider or its agent prior to arranging your payroll deduction.

The Employee Understands That:

1. The purpose of the Employer in extending this agreement is to provide the participant with an opportunity to benefit from the provisions of the Internal Revenue Code that govern Tax Deferred Annuity agreements.
2. The Employer makes no recommendation as to whether the employee should participate in this program, and this program is not an Employer-sponsored plan.
3. The Employer does not warrant any particular tax consequences to the participant.
4. All computations to determine the amount of the salary reduction hereby authorized, including the limitation on the salary reduction amount or any applicable catch-up amount, are the employee's responsibility.
5. The Employer does not endorse TDA providers or the investments they offer.