



AUTHORIZATION FOR PAYROLL DEDUCTION & VENDOR SELECTION FOR THE 403(b) RETIREMENT PLAN

Name: _____ Social Security Number: _____ Employee ID#: _____ Hire Date: _____

Department Name: _____ Phone Number: _____ Email: _____ Pay Frequency: *Bi-weekly* _____ *Monthly* _____

At this time I request that the following checked item (✓) be processed as soon as administratively possible or a later effective date of: _____.
New Election _____ Change in Salary Reduction _____ Change in Vendor Selection _____ Stop Salary Reduction _____ Stop IRS Maximum Contribution _____

Participants must complete steps 1 thru 4 then sign, date and return this form to the Employee Benefits Department.

1

EMPLOYER BASIC 6% CONTRIBUTION:
(Please indicate which vendor you'd like to select by placing a (✓) check in the space next to one vendor)

_____ Fidelity _____ TIAA/CREF RA _____ Vanguard

I direct that my Basic and Supplemental contributions to the Traditional 403(b) Plan be made on a (check only one):
_____ Before-tax basis _____ After-tax basis
I understand that ROTH contributions are ONLY available on an after-tax basis.

2

BASIC & MATCHING CONTRIBUTION SELECTION: (Please ✓ check one):

EMPLOYEE <i>BASIC</i>	EMPLOYER <i>MATCH</i>
_____0%	No Match
_____1%	Match = <u>1.5%</u>
_____2%	Match = <u>3.0%</u>

INVESTMENT VENDOR SELECTION:
(Please ✓ check one for each Employee and Employer):

EMPLOYEE <i>BASIC</i>	EMPLOYER <i>MATCH</i>
_____ Fidelity	_____ Fidelity
_____ Fidelity ROTH	
_____ TIAA/CREF RA	_____ TIAA/CREF RA
_____ TIAA/CREF ROTH	
_____ Vanguard	_____ Vanguard
_____ Vanguard ROTH	

3

SUPPLEMENTAL CONTRIBUTION SELECTION: (Please ✓ check one):

Please deduct an additional _____% of my pay as a supplemental contribution to the Plan.
--- OR ---

Please deduct the **MAXIMUM DEFERRAL** permitted by law of my pay as a supplemental contribution to the Plan (2008 Limits: \$15,500 or \$20,500 if 50 years or older).

INVESTMENT VENDOR SELECTION:
(Please indicate the % you'd like invested with each vendor):

_____ % to Fidelity
_____ % to Fidelity ROTH
_____ % to TIAA /CREF RA
_____ % to TIAA /CREF RA ROTH
_____ % to TIAA/CREF GSRA
_____ % to TIAA /CREF GSRA ROTH
_____ % to Vanguard
_____ % to Vanguard ROTH

4

CERTIFICATE OF PARTICIPATION
(Applies ONLY if you have less than one year of service)

The Emory University Retirement Plan [the "Plan"] requires that an eligible employee complete one year of service in order to be eligible to receive any employer contributions to the Plan. However, the one year of service requirement is waived if the eligible employee completes this form certifying the following:

- I. Immediately prior to employment with Emory University I participated in a retirement plan to which my employer made contributions on my behalf (other than elective or mandatory employee contributions);
- II. To the best of my knowledge such prior employer's plan was either a tax qualified defined contribution or defined benefit plan that met the requirements of one of the following sections of the Internal Revenue Code of 1986, as amended: a. 401(a) (includes 401(k) plan); b. 403(b); or c. 457(b) (and the Employer was a state or local government).

I certify that to the best of my knowledge all statements made above are true. I understand that any false information I knowingly provide may result in my immediate dismissal from Emory University and/or the forfeiture of any employer contributions to the 403(b) Plan made to the date I would otherwise have been eligible for such contributions.

Signature of Participant

Date

I have received a copy of the Emory Retirement Plan Summary Plan Description and have requested and received from the investment companies the prospectus on the annuity contracts and/or mutual fund custodial accounts that I have selected on this form. I hereby revoke all previous contribution elections made by me and elect to make Voluntary Contributions from my Regular Salary in the amount shown on this form (but in no event more than the legal limit under the Internal Revenue Code). I understand that I can terminate or change my contributions at any time. This authorization will be effective for my Regular Salary paid to me on or after the date I've signed this request form, or the first day of the month following receipt of this form in the Employee Benefits Department, whichever is later, and will remain in effect until Employee Benefits Department receives a properly completed and timely written notice of change or termination from me. I understand that a termination or change of my Voluntary Contributions made pursuant to this authorization will apply only to my Regular Salary paid after such termination or change is effective. I acknowledge and agree that I am fully and completely responsible for making sure that the amount of my contributions for any calendar year does not exceed the legal limit under the Internal Revenue Code and that my employer has no duty or obligation to do that for me. However, I also acknowledge and agree that my employer has the right to reduce the contributions I have elected to make or stop them entirely if it determines (whether through an audit or otherwise) that the legal limit has been or will be reached.

Participant Signature _____ Date: _____

FOR EMPLOYEE BENEFITS USE ONLY:
Received: _____ DEntry: _____