



# The University of Georgia

Human Resources  
Tax Deferred Annuity Program

## Awareness Form 403(b) Plan

Annuity Plan 403(b)

Employee's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

**Pay Type:**

Monthly (12 months)

Academic (10 months)

Salaried (24 biweekly)

Hourly (24 biweekly)

Campus Address \_\_\_\_\_

Campus Phone \_\_\_\_\_

**In applying for this Tax Deferred Annuity I am aware that:**

1. The University of Georgia has not approved or disapproved any tax deferred annuity plan or any company writing such plan.

2. It is the announced policy of the University of Georgia not to permit incidental life insurance benefits as a part of the Tax Deferred Annuity program.

3. 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.

4. 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 annuity 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 \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Annuity Plan 403(b)



# The University of Georgia

Human Resources  
Tax Deferred Annuity Program

## Salary Reduction Agreement • Company Distribution 403(b) Plan

Employee's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

**Pay Type:**

Monthly (12 months)

Academic (10 months)

Salaried (24 biweekly)

Hourly (24 biweekly)

Campus Address \_\_\_\_\_

Campus Phone \_\_\_\_\_

It is hereby agreed by the undersigned 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 \_\_\_\_\_

month year

The first reduction will be made  ; or the pay period ending the month following receipt of this agreement by the employer. The University of Georgia agrees to purchase a tax deferred annuity contract with all ownership rights vested in the employee, with annual premiums, regardless of the frequency of payments, to be equal to the above reduction.

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. There are **no** restrictions on the number of amendments that can be made to a salary reduction agreement during any one calendar year.

In the event of termination of this agreement or termination of employment, the employee agrees to execute any documents necessary to change the frequency of premium payments whereby any amount of said salary reduction then held by the employer can be applied on account of the payment of the premiums then due. Should such amount be less than the premium due the employee agrees that the employer may deduct the balance of said premium from any compensation due.

**All tax deferred annuity 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 \_\_\_\_\_

For the Sr. VP for Finance and Administration, University of Georgia

**OFFICE USE ONLY**

INITIAL

Coded \_\_\_\_\_ Checked \_\_\_\_\_

Entered \_\_\_\_\_ Rechecked \_\_\_\_\_