

SUPPLEMENTAL TAX-SHELTERED ANNUITY 403(b) PROGRAM

PRETAX SALARY REDUCTION / ROTH DEDUCTION AGREEMENT

Employee Information

Name Last First MI	University ID Number
Campus Phone	Email Address

(Designate your <u>Pretax</u> Elective Deferrals and Vendor)	(Designate your <u>Roth After-Tax</u> Elective Deferrals and Vendor)
% or \$ per paycheck to TIAA	% or \$ per paycheck to TIAA
% or \$ per paycheck to Fidelity	% or \$ per paycheck to Fidelity

for the purpose of having such amounts contributed by the University to the Custodial Account or Annuity established on behalf of and designated by me pursuant to the University's Tax Sheltered Annuity Program (the "Program").

The total Elective Deferrals pursuant to this Agreement and pursuant to a tax-sheltered arrangement maintained by an employer affiliated with the University of Nebraska cannot exceed the limitations of Internal Revenue Code ("Code") Sections 403(b) or 415(c) or the limits on elective deferrals of Code Section 402(g); except that such deferrals may include "catch-up" contributions up to the Code Section 414(v) limit if I will have attained age 50 by the end of the calendar year. Such amounts also will not exceed the limitations allowed under Section 402(g)(7) for an employee with 15 or more "years of service" with the University. If I have a more than a 50% ownership interest in a business outside the University, retirement contributions made on my behalf by that business must be aggregated with my University of Nebraska contributions to the Program for purposes of complying with the Code Section 415(c) limit.



By checking this box, I confirm that I do not have a more than 50% ownership interest in an entity, outside of the University of Nebraska, which sponsors a retirement plan.

(Please contact your campus benefits office to be sure you have not exceeded IRS contribution limits if you own more than 50% of a business and have retirement contributions.)

I agree to indemnify and hold the University harmless from loss, tax, expense, fee or penalty if any limit is exceeded. I further agree to take such action as the University requires to effect correction if any such a limit is exceeded. The University may reduce contributions if it determines that any limit will be exceeded.

This Agreement revokes any existing agreement under the Program. This Agreement is irrevocable with respect to compensation paid. It continues (including for future years) until I or the University amend or terminate it in writing. The Agreement may be terminated or amended at any time by either me or the University with respect to compensation paid following the date of the amendment or termination of the agreement.

I agree that I am solely responsible for the tax and other consequences of my elections in this Agreement and my participation in the Program and for the gains or losses arising from my investment decisions in my accounts with TIAA or Fidelity.

Employee Signature