



Supplemental Retirement Authorization for Salary Reduction

Updated: March 2017

To enroll in a supplemental retirement account, please contact the vendor (TIAA, VALIC, etc.) to open an account. Once the account is established, please complete this form and return to Benefit Services:

Campus Zip: 4332 / Email: benefits@uidaho.edu / Fax: 208-885-3330

Employee Name:	Vandal Number:	Phone Number:
Retirement Vendor:	Desired Account Type: <input type="checkbox"/> 403(b) Roth 403(b) <input type="checkbox"/> 457(b)	Please Note: 457(b) to enroll or change contact Nationwide/PEBSO
Effective Date: (or as soon thereafter)	Deduction Amount: (per pay period)	
<p>Catch up limits are available if you are age 50 or older. Please ask the selected retirement vendor for applicable information.</p> <p>Yes, I am using catch up provisions _____ No, catch up contributions are not applicable _____</p> <p>It is understood that I assume the liability for any tax deficiency that may result from an improper application of the exclusion as defined in the Technical Amendments Act of 1958 or corresponding rulings for the State of Idaho.</p> <p>It is also understood that I may be asked to provide the University of Idaho with a calculation computed by my SRA provider that supports my annual contribution limits.</p> <p>Employee Printed Name: _____</p> <p>Employee Signature: _____ Date: _____</p>		
Human Resource Services Only		
Date Received:	Date Completed:	
Effective Pay Date:	Completed By:	