University of Idaho

Supplemental Retirement Account Authorization Form

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

Email: benefits@uidaho.edu Fax: 208-885-3330

Employee Name:	Vandal Number:		Phone Number:
	 Increase Contribution Decrease Contribution 		
Add a New Account			□ Terminate Contribution
		ed Total Dollar Amount of ion: (per pay period)	
Retirement Vendor:	Account Type:		Please Note: 457(b) changes
	□ 403(b)	Roth 403(b)	for Nationwide/must be made
	🗆 457(b)		by contacting them directly
Catch up limits are available if you are age 50 or older. Please ask the selected retirement			
vendor for applicable information.			
Yes, I am using catch up provisions			
No, catch up contributions are not applicable			
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.			
It is also understood that I may be asked to provide the University of Idaho with a calculation			

computed by my SRA provider which supports my annual contribution limits.

Employee Signature: _____

Date: _____