Ball State University 403(b) Tax Deferred Annuity Agreement

INSTRUCTIONS

- 1. Review the <u>Information on IRS Limits</u> available on the Payroll & Employee Benefits (PEB) website for tax year information.
- 2. Complete this form if you want to begin, change, or terminate your contributions to your 403(b) Plan(s).
- 3. Submit this form to the Payroll & Employee Benefits Office by the 15th of the month in which the change is to be effective. Bi-weekly employees should refer to the payroll calendar located on the PEB website for deadlines.
- 4. If enrolling for the FIRST time with a new Pension Vendor(s), you are required to complete the annuity savings vendor application, attach it to this form and submit it to PEB.
- 5. Review, SIGN and DATE the reverse side of this form.

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EMPLOYEE INFORMATION							
Last Name	First Name	Middle Initial	BSU ID Number				
Date of Birth (mm/dd/yyyy)	Date of Hire	Email Address	Campus Telephone				
ENROLLMENT TYPE							
□ New Enrollment □ Change in Enrollment □ Terminate Enrollment	Current Pay Cycle □ Monthly □ Biweekly		Effective Date:				
CONTRIBUTIONS – For calendar ye	ear maximums	, refer to the <u>Informatio</u>	n on IRS Limits.				
I request the following total contribution Note: If you contributed to another tax-deferroll calculating IRS calendar year limits. The Banne appropriate limits, but it is ultimately the employed.	ed retirement plan er system does have	for the current calendar year, you	% of salary ou will need to consider those contributions when to stop employee contributions at the				
ANNUITY SAVINGS VENDOR SELECTION or no salary reduction will be Savings Vendor(s) listed below:			• • • • • • • • • • • • • • • • • • • •				
TIAA-CREF (GSRA)*%		ING	%	_			
TIAA-CREF (RA)*%		Fidelity	%				
Lincoln%		AUL	%				
Equitable%							

^{*}If you enroll in TIAA-CREF, you should indicate RA (Retirement Annuity Contract) or GSRA (Group Supplemental Retirement Contract). If you have a current RA/GSRA contract and make no designation, deduction will apply the same as the previous designation on file. *New Contracts must be GSRA*.

ACKNOWLEDGEMENT

Pursuant to my Employer's 403(b) Tax Deferred Annuity Plan, I understand and agree to the following:

- a) I wish to begin contributions through payroll deduction. This Agreement shall remain in effect during my employment or until I change the amount by completing a new form and submitting it by the 15th of the month in which the change is to be effective.
- b) I may change my agreement at any time subject to the Treasury's Regulations under Section 403(b) of the Internal Revenue Code.
- c) The completed Annuity Savings Vendor application(s) I select must be attached to this form or on file before this Agreement is effective. If PEB does not have the correct application(s) or if a dollar amount or a percentage of salary totaling 100% is not given for the contribution(s), or if this form is not signed by me, this form will be returned to me. Please indicate how the accounts you have indicated on the reverse side have or will be established by checking all that apply:

i.	 I have an existing BSU Voluntary Annuity Savings Account with the vendors chosen OR
ii.	 I am attaching my vendor(s) account application (PEB will mail) OR
ii.	 Date I mailed the account application to the vendor OR
v.	 Date I enrolled online with the vendor (TIAA-CREF only)

- d) The amount of the contribution shall be per pay period, which will produce a total contribution that does not exceed my maximum statutory exclusion allowance under IRC Section 403(b), the limitations of IRC Section 415, or the limitations of IRC Section 402(g), whichever is least.
- e) If I contributed to a 401(k) or a 403(b) plan during the current calendar year with a previous employer, it is my responsibility to inform PEB to ensure that I do not exceed the maximum statutory exclusion allowance. Failure to do so may result in adverse tax consequences to me.
- f) This Agreement continues year-to-year, unless otherwise terminated or modified during the plan year.
- g) The decision to participate in the Annuity Savings Vendor(s) and fund(s) selected for investment purposes is my own choice and is not a result of University advice or solicitations of participation. I understand that the University does not warrant the success or appropriateness of this investment choice nor the tax consequences and/or tax-deferred status of the fund(s).
- h) I have read and considered the available information regarding the selected Annuity Savings Vendor(s) and am aware of the expenses, fees, and restrictions imposed on this type of fund(s) and the consequences of continued participation and/or withdrawal.
- i) This agreement revokes any previously signed agreement.
- j) I understand if PEB does not receive the required forms and documents, my request may be returned/delayed. No retroactive adjustments will be made.

AUTHORIZATION and SIGNATURE					
Employee:	Date	:			
FOR PEB OFFICE USE ONLY	Date Processed:	Processed By:			