

**THE UNIVERSITY OF TEXAS SYSTEM MEDICAL FOUNDATION  
SALARY REDUCTION AGREEMENT**

I request that the University of Texas System Medical Foundation pay premiums for of an annuity or investment contract in lieu of a portion of the compensation otherwise payable directly to me for the \_\_\_\_\_ calendar year, and thereafter from year-to-year until revoked by other party. This agreement is executed to be effective with respect to amounts earned on or after the execution of this agreement, and pursuant to the provisions of Section 403(b) and 415 of the Internal Revenue Service Code of 1986, as amended.

**FOR SUCH PURPOSES, I HEREBY AUTHORIZE YOU TO TAKE THE ACTION INDICATED BELOW:**

1. Reduce my gross salary each paycheck by the sum of \$ \_\_\_\_\_, beginning \_\_\_\_\_, 200 \_\_\_\_ and each check thereafter for so long as I am employed by The University of Texas System Medical Foundation and I am participating in the Tax Deferred Annuity Program, or until revised by either party.

*\*I understand actual annual contribution may be limited by the effective date, date form is received, and the number of payrolls remaining in the calendar year. I understand that at no time will I be allowed to exceed my Maximum Exclusion Allowance.*

2. Apply said sum to the following investment company selected by me with whom I have an active contract TIAA-CREF.
3. Copy of the contract with Investment Company identified in #2 must be attached, if a new enrollment.

I release all rights, present or future, to receive payments in any form of amounts agreed upon as stated above except:

- (1) The right of my estate upon my date while in employ or,
- (2) The right personally upon termination of my employment (by reason other than my death) to receive all any part of the amount herein specified for which I have already rendered services but which has not been transferred to the 403(b) carrier.

THIS IS: \_\_\_\_\_ AN INITIAL AUTHORIZATION  
\_\_\_\_\_ AN AMENDED AUTHORIZATION

PAY FREQUENCY: MONTHLY

It is also my understanding that in the event of an adverse ruling by the Internal Revenue Service concerning the Federal income tax liability of individuals who elect to participate under this program, it will be my responsibility to satisfy any federal income tax deficiency.

Name \_\_\_\_\_ Employee Signature \_\_\_\_\_

Social Security \_\_\_\_\_ Address \_\_\_\_\_

---

**THE UNIVERSITY OF TEXAS MEDICAL FOUNDATION**

Receipt of your request for The University of Texas System Medical Foundation to transfer funds to a 403(b) plan on your behalf is acknowledge and the terms are accepted as an amendment to our employment agreement for the \_\_\_\_\_ calendar year, and each year thereafter this \_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

By: \_\_\_\_\_ Date \_\_\_\_\_  
Authorize Signature

**RETURN COMPLETED FORM TO THE MEDICAL FOUNDATION JJL-310**