THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

403(b) Tax Deferred Annuity Salary Reduction Agreement Form

(Employee's First, Middle, Last Name-Print or Type)	(Employee's ID Number)
Employee's Social Security Number	Bi-weekly/Monthly (Circle One)
Check all that apply:	
 New Enrollment Reinstatement Vendor Change Increase Deduction Decrease Deduction Stop Deduction Year-end Catch-up 50+ Catch-up 15 Years of Service Catch-up I hereby authorize you to withhold/change my contributions and for each pay period thereafter.	to the sum of \$beginning
Please allocate the above sum as follows:	
\$ING Life Insurance and Annuity Company \$Fidelity Investments \$Lincoln National Life Insurance Company \$TIAA-CREF (Teachers Insurance and Annuity Fund \$VALIC (Variable Annuity Life Insurance Company) \$Other UMC Approved Carrier: Total payroll deduction (Must equal the sum	
This University of Mississippi Medical Center 403(b) Salary Reduction Agr tax contributions made to any other qualified retirement plan.	eement is in conjunction with additional voluntary pre-
It is the responsibility of the employee and the investment representative to 402(g) elective deferral limit.	insure annual contribution amounts do not exceed the
It is the sole responsibility of the investment provider to refund amounts in to the participating employee.	excess of the 402(g) maximum allowable limit directly
The 402(g) limit is calculated on a calendar year basis and includes all volutyour previous and current employer.	ntary pre-tax contributions made to all qualified plans at
Contributions made to PERS and/or ORP are mandatory contributions and a	are not counted toward the voluntary 402(g) limit.
Your request, once received in the Human Resources	
next applicable pay period or the date requested which	ever is later.
Employee's Signature	 Date
Human Resources Representative, Benefits Office	 Date

Revised 2/06