



Supplemental Retirement Account Authorization Form

2023 IRS Maximum Contribution limit is \$22,500. Employees age 50 or over may contribute an additional \$7,500 for an annual total of \$30,000. The 401k, 403(b) and Roth 403(b) share the same annual maximum contribution limit. The 457(b) pre-tax has its own annual maximum contribution limit of \$22,500 up to \$30,000 for those age 50 and over.

Please select Plan Type, Vendor, and the flat amount per Paycheck. If you wish to meet the IRS max contribution (see above), you will need to divide the IRS maximum for your age group by the number of remaining paychecks in the year.

401(k) - pre-tax

PERSI ☐

Flat amount - Per paycheck

Must be enrolled in the PERSI retirement plan to participate in the 401(k) or vested.

403(b) - pre-tax

Fidelity ☐ *American Funds ☐ TIAA ☐

*Waddell & Reed ☐ Corebridge** ☐

Flat amount - Per paycheck

Roth 403(b) - after-tax

Fidelity ☐ TIAA ☐

Corebridge** ☐

Flat amount - Per paycheck

457(b) - pre-tax

*Nationwide ☐ TIAA ☐

Fidelity ☐ Corebridge** ☐

Flat amount - Per paycheck

**If you are deferring to a supplemental retirement account with American Funds, Waddell & Reed, or Nationwide for the first time, please contact the vendor to set up an account prior to submitting the form to Benefits.*

***Formerly known as VALIC/AIG Retirement.*

Print Name _____

Employee ID Number _____

Effective pay check for deferral change _____ (There are 26 pay periods in a calendar year)

I understand that the internal revenue code limits the amount I may contribute to retirement plans each year. It is my responsibility to monitor the amount I contribute per pay period to ensure that my total annual pre-tax deductions do not exceed the amount permitted by the IRS each year and to avoid making excess contributions, I may need to decrease my pre-tax contributions by filing a new Agreement. I further understand the University does not provide tax or investment advice and I should consult with my tax advisor or retirement consultant if I have investment or tax questions.

Signature _____

Date _____

Boise State University Representative _____

Date _____

[LINK TO PAYROLL CALENDAR](#)

Forms must be received in the Benefits Department by the Time Entry and Approval Monday date (noted on payroll calendar) to be included in the pay period. Submit this completed form to Benefit Services.

benefits@boisestate.edu | (208) 426-4429