**Valdosta State University Payroll Deduction Agreement Form**

**403(b)/457b/403(b) ROTH Individual Accounts**

**Employee Name**: **SSN or ADP ID**:

This agreement is made between employee named above and Valdosta State University. Both parties agree that your employer will remit the contribution amount indicated below per pay period (10 for academic faculty, 12 for monthly, 24 for biweekly). Your employer will send your contributions to the company (ies) you have selected below in accordance Internal Revenue Code regulations. Employee must submit an application directly to the vendor selected before payroll deduction can begin.

**Please send my contributions to the following company (ies):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendors** | **PRE-TAX OPTIONS** | **AFTER-TAX ROTH OPTION** | **Amount Per Paycheck** |
| **TIAA CREF** | **□ 403(b) pre-tax** | **□ 457(b) pre-tax** | **□ 403(b) ROTH** | **$** |
| **VALIC** | **□ 403(b) pre-tax** | **□ 457(b) pre-tax** | **□ 403(b) ROTH** |

|  |
| --- |
| **$** |

 |
| **Fidelity** | **□ 403(b) pre-tax** | **□ 457(b) pre-tax** | **□ 403(b) ROTH** | **$** |

**My contribution should be setup as (one must be selected): ❒ Regular or ❒ Catch-up (Age 50 or older)**

**Please start this deduction the month of: , 20**

**Please stop this deduction the month of: , 20 \*\***

**\*\*If a stop date is not entered, the deduction will continue until termination is requested in writing\*\***

I agree to all of the following:

A. If I have selected the Roth 403(b) after-tax deferral, I understand that qualified distributions for the Roth 403(b) deferral accounts are different from Roth IRA accounts.

B. I understand, upon written notice, that I may change or terminate my payroll deductions at any time within the guidelines established by my employer.

C. I understand that I am responsible for determining that the amount of my contribution does not exceed the annual limits established by the IRS.

D. I understand that the responsibility for choosing the deferral type and investment elections is my own and not that of my employer.

Employee Signature

Date

 Email Address @valdosta.edu Contact Phone: