



**University of the Incarnate Word Retirement Plan  
Salary Reduction Agreement under Internal Revenue Code Section 403(b)**

**PLEASE PRINT CLEARLY:**

Name of Participant: \_\_\_\_\_ PIDM: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**PLEASE CHECK BOX:**

<input type="checkbox"/> New Participant	Effective Date: _____	New enrollments and changes are effective the 1st of the month following submission of form.
<input type="checkbox"/> Changes to Current Contributions	Effective Date: _____	

This Salary Reduction Agreement ("Agreement") is between the Participant named above and the University of the Incarnate Word ("the University"). Your investment election will remain in force until you change it or no longer meet eligibility requirements. I authorize the University to take the actions indicated below:

**UIW RETIREMENT PLAN (TIAA)**

Reduce gross monthly earnings by:  
  
3% each pay period

*University match of 7% to the TIAA account only  
Eligibility: 1 year of service with the University OR previous employment with another accredited learning institution*

**ADD                  KEEP                  STOP**

**UIW SUPPLEMENTAL RETIREMENT**

Reduce gross monthly earnings by:  
\$ \_\_\_\_\_ each pay period (SRM)  
Or  
\_\_\_\_\_ % each pay period (SRA)

*No University match  
Eligibility: May enroll at any time with no prior service*

**ADD                  CHANGE                  STOP**

**UIW ROTH 403(b) AFTER TAX CONTRIBUTION**

Reduce net monthly earnings by:  
\$ \_\_\_\_\_ each pay period (RTA)  
Or  
\_\_\_\_\_ % each pay period (RTP)

*No University match  
Eligibility: May enroll at any time with no prior service*

**ADD                  CHANGE                  STOP**

**CATCH UP CONTRIBUTIONS (FOR AGE 50 AND OVER)**

\$ \_\_\_\_\_ per year

*For employees who are age 50 or over at the end of the calendar year, catch up contributions are permitted in accordance with, and subject to, the limitations of section 414(v) of the IRS code. These contributions will be made to the UIW Supplemental Retirement Annuity (SRM).*

**ADD                  CHANGE                  STOP**

**I HAVE BEEN GIVEN THE OPTION TO ENROLL IN THE UNIVERSITY OF THE INCARNATE WORD RETIREMENT PLAN AND DO NOT WISH TO PARTICIPATE AT THIS TIME.**

This Agreement shall be legally binding and irrevocable for both the University and the Participant while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month (or pay period, if applicable) by giving at least thirty days written notice so that this Agreement will not apply to salary subsequently paid.

This amount will produce a total University contribution that does not exceed the Participant's statutory limitation under Internal Revenue Code Sections 415 or 402(g), whichever is less.

I understand that I am responsible for determining that the amount of my salary reduction does not exceed the limits on contributions described above and that I can request a calculation of such limits from TIAA. I further understand that in the event of an adverse ruling by the Internal Revenue Service concerning the federal income tax treatment of contributions to the UIW Retirement Plan or Supplemental Retirement Annuity; it will be my responsibility to satisfy any federal income tax deficiency.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Eligible Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_