THE UNIVERSITY OF ARIZONA.
HUMAN RESOURCES

SALARY REDUCTION AGREEMENT

Tax Sheltered Annuity Program (TSA)

Return form to:
HUMAN RESOURCES
PO BOX 210158
TUCSON AZ 85721-0158

Please check **one** box:

[ ] New deduction start up.

[ ] Stop current TSA deduction to: _____ **and** start deductions
Investment Company (to discontinue)
deductions to newly designated TSA Investment Company as designated below.

[ ] Change deduction amount.

[ ] **Stop** deductions. Enter Investment Company, and $0.00 (zero) in box marked "amount per pay period" below.

PLEASE TYPE OR PRINT

EMPLOYEE'S FULL NAME	UNIVERSITY EMPLOYEE I.D. NUMBER
EMAIL ADDRESS	WORK PHONE NUMBER

Pursuant to the resolution entitled "Resolution Adopting Annuity Contracts Program" adopted by the Arizona Board of Regents (ABOR), I hereby authorize The University of Arizona to reduce my future salary and purchase on my behalf a non-forfeiture 403(b) annuity contract as described below:

NAME OF INVESTMENT COMPANY (must be an approved TSA vendor)	AMOUNT PER PAY PERIOD	BEGINNING DATE*
	$ (minimum $15 per pay period)	

*Beginning date must be on or after the first day of the next pay period following receipt of this form by Human Resources.

This Salary Reduction Agreement (SRA) is a legally binding contract. I understand that this SRA will remain in effect during my continued employment unless I submit a new SRA with my signature, authorizing termination or change to this contract. Any written termination or new SRA will be effective only with respect to amounts earned on and after the first ay of the next pay period following receipt by University of Arizona Human Resources. University of Arizona Human Resources reserves the right to stop, or suspend, salary reductions on behalf of the Participant at any time, when it has reason to believe the annual maximum deferral amount has been reached pursuant to IRS Code Section 403(b)(2) and as amended by the EGTRR Act of 2001.

It is further agreed and understood that The University of Arizona shall not be obligated to pay any amount to said company in excess of amount then due from the University of Arizona to the employee.

It is also further agreed and understood that the University of Arizona shall not be responsible or liable for any taxes and/or penalties which may be levied against the employee if the stated amount of salary reduction exceeds the maximum allowable deductions, as set forth in applicable IRS Codes.

I agree to be bound by the aforementioned Resolution and by such later and reasonable regulations as may be adopted by the Arizona Board of Regents.

EMPLOYEE SIGNATURE	DATE SIGNED

Forms will not be processed without employee's signature.

MAXIMUM DEFERRAL AMOUNT (MDA) CERTIFICATION **(required for catch-up provision only)** to be completed by authorized agent whose signature is required below. TIAA-CREF and Fidelity participants must attach copy of MDA with this form in lieu of agent's signature.

MAXIMUM DEFERRAL AMOUNT	NAME OF INVESTMENT COMPANY (must be same as noted above)	DATE
$		

Agent signature. **Required only for New Accounts or catch-up MDA – not applicable for TIAA-CREF and Fidelity IF New Account Enrollment form is attached**. Agent must be on the University of Arizona approved TSA agent list or SRA will be voided.

AGENT'S PRINTED NAME	PHONE NUMBER	AGENT'S SIGNATURE

HUMAN RESOURCES USE ONLY: Date Rec'd: _____ Entered (date/initials): _____