



**UWHC 2017 Salary Reduction Agreement (SRA)  
 403(b) Tax Sheltered Annuity (TSA) Program**

NAME : LAST	FIRST	MI	EMPLOYEE ID:
DAY TIME TELEPHONE:			I will be age 50 or older this year: <input type="checkbox"/> YES <input type="checkbox"/> NO
Effective date: <input type="checkbox"/> As soon as possible <input type="checkbox"/> Later: _____ (Check date MM/DD/YYYY)			

**I WANT TO:**

- BEGIN** or **RESUME** TSA contributions
- CHANGE** future contribution amounts and/or company(ies)
- TERMINATE** participation as soon as possible

I authorize UW Hospital and Clinics Authority to reduce my salary to allow for the purchase of a 403(b) supplemental retirement benefit on my behalf and to remit the designated amounts each pay period to the investment company(ies) indicated below.

I have read and will abide by the Participant Responsibilities stated on the reverse side of this agreement. I understand that this Salary Reduction Agreement is legally binding and irrevocable with respect to salary that becomes payable to me while this agreement is in effect. I understand that I may stop, start, or change my future contribution amount(s) at any time during the year by submitting a new Salary Reduction Agreement.

**This Salary Reduction Agreement REPLACES AND CANCELS ALL PREVIOUS AGREEMENTS ON FILE. Only the contributions to the company(ies) listed below will continue after the effective date of this agreement.**

Deferrals -Indicate a flat dollar amount OR a percentage of your gross income, **per pay period.**

Salary Deferral Election				
REMIT TO:	I have a UWHC TSA Account with this provider.* (Circle One)		AMOUNT PER PAY PERIOD	
TSA VENDOR	Yes	No	\$	OR %
TSA VENDOR	Yes	No	\$	OR %
TSA VENDOR	Yes	No	\$	OR %
TSA VENDOR	Yes	No	\$	OR %
<b>TOTAL PER PAY PERIOD:</b>			\$	OR %

Signature	
EMPLOYEE SIGNATURE	DATE (MO/DAY/YR)

**\*Important:** You must have an existing UWHC Authority TSA Account with each vendor listed above before your first contribution can be taken.

HR Use Only				
DATE RECEIVED	PAY PERIOD BEGIN DATE	1 <sup>ST</sup> PAYCHECK DATE	UWHC BENEFIT REP. INITIALS	PS INPUT DATE

## 403(b) Tax Sheltered Annuity Participant Responsibilities

The following applies to all participants in the UW Hospital and Clinics Authority Tax-Sheltered Annuity (TSA) Program:

1. **Federal Contribution Limits:** TSA Contributions are subject to annual limits determined under Internal Revenue Code (IRC) sec 402(g) and 415(c). In 2017, your limit is \$18,000 (or 100% of UWHC Authority compensation if less). If you will be age 50 or older in 2017, you may contribute an additional \$6,000. The IRS publishes the limits in the last quarter of the year for the next year.

Your TSA limit is reduced dollar for dollar by any voluntary contribution you make to another 403(b), 401(k), Federal Thrift Savings, salary reduction SEP or SIMPLE plan. Contributions to a 457 (Deferred Compensation) plan or to a traditional or Roth IRA do NOT affect your TSA limit.

**Over-contributions may result in tax penalties. You are solely responsible for the tax consequences of authorizing any salary reduction that exceeds the amounts allowed by law. It is your responsibility to monitor your annual salary reductions to ensure that they are in compliance with the IRC provisions and bring any over-contributions or changes in employment status to the attention of UWHC Human Resources Benefits.**

2. **Investment Responsibility:** You are responsible for your TSA investment decisions. This responsibility includes informing yourself of the nature and risk of the investments, monitoring your investments and determining when a change in investments is appropriate. UW Hospital and Clinics Authority is in no way liable for gains or losses you may incur in your TSA account(s).
3. **Authorized Investment Companies (Vendors):** As long as UW Hospital and Clinics Authority employs you, you may make contributions only to investment companies and products authorized under the TSA program. You may change your future contributions to a different authorized option, or transfer all or a portion of your account balance to any other authorized investment option at any time, subject to contractual surrender charges or redemption fees. As long as UW Hospital and Clinics Authority employs you, you may not transfer your TSA account balances to vendors or investment options not authorized by the TSA program.
4. **Withdrawal:** Generally, you cannot withdraw or roll over your TSA account balances before you attain age 59 ½, terminate employment, die or become disabled.
5. **Salary Reduction Agreement (SRA) Termination:** To stop your contributions, you must submit a new SRA to Human Resources Benefits. If you terminate employment, your SRA terminates automatically after your last check is paid. If you later return to employment, you must submit a new SRA to resume contributing. UWHC Authority reserves the right to suspend or terminate a participant's SRA if it believes that the participant has over contributed or is in violation of any applicable federal requirement or any term of this agreement.
6. **Required Distributions:** After you retire, you must take minimum distributions from your account, generally beginning no later than age 70 ½.
7. **Effective Date:** Unless you specify an effective date, this agreement takes effect on the first payday following the employer's receipt of this form. Forms received less than 10 business days before payday may not take effect until the following pay period.

### TSA Vendors

#### Mutual Funds Companies

<b>Fidelity Investments</b> Account # 69740	P.O. Box 770002 Cincinnati, OH 45277-0090	(800) 343-0860 <a href="http://fidelity.com">fidelity.com</a>
<b>T. Rowe Price</b> Account # 102520	Retirement Operations Group P.O. Box 17479 Baltimore, MD 21297	(800) 492-7670 <a href="http://troweprice.com">troweprice.com</a>
<b>Life Insurance Companies</b>		
<b>TIAA</b> Account # 329542	Client Services P.O. Box 1260 Charlotte, NC 28201 or Fax: 1-800-914-8922	(800) 842-2776 <a href="http://tiaa.org">tiaa.org</a>
<b>Ameriprise</b> Account # 658224	Attn: John Goldstein 2009 West Beltline Hwy Madison, WI 53713	(608) 831-3230 <a href="http://ameriprise.com">ameriprise.com</a>
<b>Lincoln National Life</b> Account # CR29910	Attn: Betty Custer 406 Science Dr, Suite 310 Madison, WI 53711-1068	(608) 238-8388 or (800) 346-8864 <a href="http://lfg.com">lfg.com</a> or Local website: <a href="http://custerfinancialservices.com">custerfinancialservices.com</a>