



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: (850) 645-2303
 Fax: (850) 645-9509

403(b) Tax-Sheltered Annuity (*Pre-tax*) Salary Reduction Agreement (SRA)

[Note: For changes to a post-tax Roth 403(b) account, please complete a [Roth 403\(b\) Salary Reduction Agreement \(Roth SRA\)](#)]

A. Employee Information:

Name (Last, First)	OMNI ID#
Email Address	Daytime Phone Number

B. Choose a contribution action (check one): Start Change Stop

C. Indicate the bi-weekly contribution amount(s): (*minimum \$10.00 bi-weekly)

Vendor	New Contribution (specify \$ or %)
Equitable (formerly AXA)	
Brighthouse/MetLife	
Jefferson National (existing clients only)	
Lincoln Investment	
Lincoln National (existing clients only)	

Vendor	New Contribution (specify \$ or %)
ReliaStar (existing clients only)	
Symetra (existing clients only)	
TIAA	
AIG (formerly VALIC)	
Voya Financial	

D. Effective Date:

This SRA is effective on the earliest available paycheck date after the form is received by the Human Resources Benefits Office, unless otherwise indicated below.

Effective on the _____ paycheck date or Annual Leave payout Sick Leave payout

E. Acknowledgement, authorization and signature:

Contract: Prior to completing this agreement, I have submitted the required account contract(s) for the vendor selected. I understand that failure to complete the vendor contract may result in my contributions being returned.

Changes: 403(b) participants may make changes at any time throughout the year by completing a new SRA.

State University System Optional Retirement Program (SUSORP) Participants: Must contribute the maximum 5.14% of eligible earnings to their SUSORP account before making elective deferrals to this 403(b) plan, unless contributing to a 403(b)(7) custodial account.

IRS Contribution Limits: The 402(g) annual limit includes elective deferrals to 403(b) plans, including Roth, Tax-Deferred and the SUSORP, 401(k) plans and the federal government's Thrift Savings Plan, including contributions to other employer plans.

Deferral Authorization: This SRA must be signed in order to be processed. By signing this SRA, I understand that this agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. I am responsible for the accuracy of the excludable amounts stated in this SRA; for monitoring the accuracy of the dollar amount/percentage to be deferred on an annual basis; for any overstatement of the amounts excludable as a salary reduction in this agreement or any other violation of the requirements of Sections 403(b), 402(g) and/or 415, IRC; and for any additional taxes, interest and penalties that may be assessed.

Employee Signature	Date
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**** Submit completed form to the HR Retirement office, via fax to (850) 645-9509 or email:retirement@fsu.edu****