



FLORIDA STATE UNIVERSITY  
 OFFICE OF HUMAN RESOURCES  
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## Leave Payout 403(b) Deferral Authorization

[Note: For deferrals to a 457 Deferred Compensation account, please complete paperwork linked in Section C]

### A. Employee Information:

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

### B. Leave being deferred:

Annual Leave payout      Sick Leave payout      Compensatory Leave Payout

### C. Indicate the type of account:

403(b) Tax-Sheltered Annuity (Pre-tax)      Roth 403(b) (Post-tax)      \*457 Florida Deferred Compensation

*\*To defer leave payouts to a 457 account, you must complete the [Deferrals From Special Supplemental Pay](#) forms and submit the documents to Deferred Compensation at [defcompleavepay@myfloridacfo.com](mailto:defcompleavepay@myfloridacfo.com).*

### D. Indicate the amount you want to defer next the applicable vendor(s):

*(\*Indicate "Max" to defer entire payout up to the IRS annual limit.)*

Vendor	Amount (specify \$ or %)
<b>TIAA</b>	
<b>Corebridge Financial</b>	
<b>Voya Financial</b>	

### E. Additional Action:

Enroll and/or confirm active salary deferral in [Retirement@Work](#)

Submit the required account contract(s) for the selected vendor(s)

### F. Acknowledgement, authorization and signature:

**Existing Salary Deferral and Vendor Contract:** Prior to completing this agreement, I have enrolled in a 403(b) Tax-Sheltered Annuity and/or Roth 403(b) salary deferral, with the vendor(s) selected above, through the Retirement@Work portal, and I have submitted the required account contract(s) for the selected vendor(s). I understand that failure to enroll in active salary deferrals and/or complete the vendor contract(s) prior to my leave payout being processed will result in my payout being issued through electronic fund transfer/direct deposit.

**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 Leave Payout 403(b) Deferral Authorization form must be signed in order to be processed. By signing this form, I understand that this agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. In addition, I am responsible for the accuracy of the deferred amounts stated in this authorization; for any overstatement of the amounts excludable as a leave payout deferral 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

**\*\* Submit completed form to the HR Retirement office, via fax to (850) 645-9509, or email: [retirement@fsu.edu](mailto:retirement@fsu.edu) \*\***