LSUHealth**New**Orleans

SALARY REDUCTION AUTHORIZATION   AS160

This transaction will affect your Federal income tax and should be discussed with your tax advisor.   IRS regulations require contributions to the pre-tax 403(b) and the Roth 403(b) post-tax deductions to be aggregated when determining contribution limits.

☐   New Enrollment

☐   Change in Current Enrollment: ☐ Increase   ☐ Decrease

☐   Change Annuity or Mutual Fund Company (letter must be attached to cancel other company)

☐   Other _____

I hereby authorize the University to reduce my annual salary by $_____ (not less than $200) effective with the payroll period beginning _____, with the understanding that an amount corresponding to the total annual salary reduction will be paid by the University during the period of such reduction to:

PRE – TAX DEDUCTIONS		POST –TAX DEDUCTIONS	
☐ Fidelity Investments	$_____	☐ Roth 403(b) Fidelity	$_____
☐ VALIC (Mutual Fund product)	$_____	☐ Roth 403(b) VALIC	$_____
☐ VOYA (formerly ING)	$_____	☐ Roth 403(b) VOYA (formerly ING)	$_____
☐ MetLife Resources (Mutual Fund product)	$_____	☐ Roth 403(b) MetLife	$_____
☐ TIAA-CREF	$_____	☐ Roth 403(b) TIAA-CREF	$_____
☐ Other (grandfathered vendor) _____	$_____		

in _____ (9, 12 or 26) installments of $_____ for the purchase of retirement annuities or shares issued by a regulated investment company. The amount indicated above will produce a total contribution that does not exceed my elective deferral limit under IRC Section 402(g) or the limitations of IRC Section 415(c). It is understood that the responsibility for authorizing an exclusion in excess of the legally allowable amount shall be mine and that any tax liability and/or penalties resulting therefrom will be borne by me. This agreement shall be legally binding and irrevocable while the agreement is in effect. However, it may be terminated or otherwise modified as of the end of any pay period by giving at least thirty days written notice so that this agreement will not apply to salary subsequently paid.

Employee _____   LSU ID _____

Signature _____   Date _____

COMPANY REPRESENTATIVE:
Please indicate your annuity or mutual fund agent: _____

Have you participated in a salary reduction plan with another University to purchase retirement annuities or shares issued by a regulated investment company during the current year?   ☐   YES   ☐   NO

Are you currently employed by any other organization, including self-employment?   ☐ YES ☐ NO
If YES, (a) Are you participating in a salary reduction plan [401(k), SARSEP, 403(b), SIMPLE] with this organization?   ☐ YES ☐ NO

If YES to past contributions: (a) Dates _____ to _____ (b) Year-to- Date Contributions _____

(c) University or Organization_____

You will find authorization above for the purchase of retirement annuities or shares issued by regulated investment company by this organization from your company to provide retirement benefits for one of our employees. This is an organization as described in Section 501(c)(3) and is exempt from tax under Section 501(a) of the Internal Revenue Code.

_____   _____
University Official's Signature   Date

FOR ACCOUNTING SERVICES USE ONLY

Code	From	To	Initials