

Participation Agreement for Section 403(b) Tax-Deferred Annuity

Employee:	Banner ID:				
By this agreement made between The Univ Employee does hereby request and emplo the company(s) as indicated below for the the Internal Revenue Code.	yer does hereby agree to	reduce by the a	mount(s) indicated belo	ow and to pay such amount(s) to	
Effective Payroll Date:	Termina	Termination Date:		or Continue until canceled.	
		А	mount Per Payroll		
Company Name	Co. Code	Old Am			
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
	Total	\$	\$	\$	
Effective Payroll Date:	Termina	ation Date:	or	Continue until canceled.	
Company Name	Co. Code	Old Am		Annual Amount	
		\$	\$	\$	
		\$	\$ \$	\$	
	Total	\$	\$	\$	
This agreement shall be legally binding and either party may terminate this agreemen written notice prior to the beginning of suc	t as of the end of any pay	period, so that			
Both parties hereby acknowledge that this the annuities purchased, the determination the employer's deferred compensation pregulations, rulings, or other authoritative the right to unilaterally terminate this a contributions, per Internal Revenue Service employee's advice to direct any company in Service.	n of limitations or exclusi plan be consistent with s provisions, in addition to greement if employer h ce provisions, to result fr	ion allowance, and sections 403(b) the employer's and reason to be common continuation.	nd other matters directly and 415 of the Interna administrative rules and elieve continued salary In Employer shall have ti	related to the administration of I Revenue Code and all related procedures. Employer shall have reductions would cause excess he right with or without seeking	
Execution of this agreement does hereby of 403(b) tax-deferred annuity plan. This agree				y employee for the employer's §	
In consideration of execution by employer and its trustees, officers, and employees fr acknowledges awareness that participat disallowance of deferral of some or all of al disclosed in writing to employer, as well as	om all claims and liability ion in certain deferred bove amounts. Employee	of any type dire compensation certifies that an	ctly or indirectly arising arrangements with and y and all prior years' part	out of this agreement. Employee other employer could result in	
Employee's Approval:		E	mployer's Approval:		
Signature	Date		gnature	Date	
Memorandum Notations:					
Other:					