

This transaction will affect your Federal income tax and should be discussed with your tax advisor.

## THE UNIVERSITY OF NEW ORLEANS

### Salary Reduction Authorization

Authorization must be in the Payroll Office no later than the last day of the month before the month of the effective date and must be accompanied by Supplemental Retirement Account Allowance/Election' form.

- ( ) New Enrollment  
( ) Change in Current Enrollment - *check one of the following:*      ( ) Increase    ( ) Decrease  
( ) Change Annuity Company (*letter must be attached to cancel other company*)  
( ) Discontinue Enrollment

I hereby authorize the University to reduce my annual salary by \$\_\_\_\_\_ per regular pay period effective with the payroll period beginning \_\_\_\_\_, with the understanding that an amount corresponding to the total salary reduction will be paid by the University during the period of such reduction to:

- |                          |           |         |
|--------------------------|-----------|---------|
| <input type="checkbox"/> | VALIC     | \$_____ |
| <input type="checkbox"/> | VOYA      | \$_____ |
| <input type="checkbox"/> | MetLife   | \$_____ |
| <input type="checkbox"/> | TIAA-CREF | \$_____ |

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 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.

The Internal Revenue Code governs the maximum contribution amount that can be made to a supplemental retirement account. These calculations are broken down into three sections:

1. The first section calculates the maximum contribution under IRC Code Section 402(g) and 415(c).
2. The second section calculates an additional catch-up amount for those employees with 15 or more years of service with UNO.
3. The third section calculates the maximum allowance for employees attaining the age of 50 by the end of the calendar year.

I have reviewed and I understand the computation of the annual maximum contributable amount. I agree and understand to take prompt action in reducing the amount being diverted to tax-sheltered supplemental retirement accounts if my annual income is reduced or if any other conditions cause the allowance contribution to decrease.

I hereby agree to defend, indemnify and hold harmless the University, its staff, employees, and administration from any claims, liability, taxes, penalties, or interest which the University may incur or which may be imposed by the IRS, including reasonable attorney's fees, as a result of any false information, omission, miscalculation or improper or invalid designation, completion or calculation on any formula or amount contained or provided herein.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

# THE UNIVERSITY OF NEW ORLEANS

## Optional Worksheet for Supplemental Retirement Account for Calendar Year 20\_\_

Please read and carefully complete each section that applies to you. If you are unsure of information, please contact the appropriate office to obtain accurate information.

Employee's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date(s) of Employment by the University \_\_\_\_/\_\_\_\_/\_\_\_\_ — \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Annual Salary subject to retirement \$ \_\_\_\_\_ A

Supplemental compensation not subject to retirement \_\_\_\_\_

Less: Annual Tax Sheltered Retirement (TRS, ORP, LASER, MPP) \_\_\_\_\_

Eligible Compensation \$ \_\_\_\_\_ S

Years Service at the University, including current tax year (fractions of years allowed) \_\_\_\_\_ N

**SECTION 1 – ELECTIVE DEFERRAL LIMIT** Sections 402(g) 415 (c)(1)

The lesser of:

|  |                 |
|--|-----------------|
| APPLICABLE CALENDAR YR MAX               | \$ _____        |
| OR 100%(S)                               | \$ _____        |
| <b>SECTION 1 ELECTIVE DEFERRAL LIMIT</b> | <b>\$ _____</b> |

**SECTION 2 - OPTIONAL CATCH UP PROVISION** Section 402(g)(7)

This catch-up provision only applies to those employees with 15 years or more service.

The maximum catch-up allowance is the lesser of:

|   |                 |
|---|-----------------|
|   | \$ <u>3,000</u> |
| OR \$15,000 - \$ _____<br>(prior catch-up contributions)                | \$ _____        |
| OR (5,000) x (years of service) - total prior<br>year SRA contributions | \$ _____        |
| <b>SECTION 2 MAXIMUM CATCH UP ALLOWANCE</b>                             | <b>\$ _____</b> |

**SECTION 3 - OVER 50 CATCH UP PROVISION** Section 414(v)

This election is only available to the employee who will attain the age of 50 by the end of the year. **Maximum \$6,000**

**SECTION 3 OVER 50 CATCH UP PROVISION** \$ \_\_\_\_\_

**MAXIMUM DEFERRAL LIMIT**

Total of Sections 1, 2, and 3 \$ \_\_\_\_\_