



University of Houston-Downtown
 403 (b) Retirement Program Participation Form/Salary Reduction Agreement
 (Optional Retirement Program, Tax Deferred Annuity 403(b) or Roth 403 (b))

Employee Information:

Name _____ Social Security # _____ Empl ID _____

Department _____ Telephone No. _____

Optional Retirement Program – Reduce my gross compensation by the amount specified by the State of Texas to provide retirement benefits; and apply said funds as payment for a retirement annuity contract selected by me *and* approved by the University of Houston System, in accordance with the terms of the Optional Retirement Program. The University of Houston System reserves the right to amend these amounts should future legislation make it necessary to do so. *I acknowledge that the State’s contribution for the first full year (or fractional part thereof) of participation will be refunded to the state by the ORP carrier in the event I do not begin a second year of employment with the State of Texas in an ORP eligible position in accordance with the provisions of the Optional Retirement Statute.*

Effective Date: _____ Name of Carrier: _____

Initial Authorization Carrier Change

Tax Deferred Annuity 403 (b) – Reduce my gross compensation by the amount shown below and apply said sum toward the purchase in my name of a retirement annuity contract.

Effective Date _____ Name of Carrier: _____

Initial Authorization Amount Change Termination of Agreement Carrier Change

TDA Reduction Amount: Monthly _____ or Bi-weekly _____

Roth 403 (b) - Deduct after tax from my gross compensation by the amount shown below and apply said sum toward the purchase in my name of a retirement annuity contract.

Effective Date _____ Name of Carrier: _____

Initial Authorization Amount Change Termination of Agreement Carrier Change

Roth 403(b) Deduction Amount: Monthly _____ or Bi-weekly _____

Contribution Add-ons for 403(b)

- 1. Is Age related or Retirement Date Catch-up provision being used? Yes No
- 2. Is 402 (g) Service Date Catch-up provision being used? Yes No

Authorization: The University of Houston System is hereby authorized and directed to reduce my compensation to purchase for me a non-transferable and non-forfeitable retirement account as herein described. This agreement shall continue for the duration of my employment; provided that a change, modification, or termination of the agreement may be made only as prescribed by law and the University of Houston System rules governing the Optional Retirement Program, the Tax Deferred Annuity Program, and the Roth 403(2) program. It is agreed and understood that the University of Houston System assumes no liability or responsibility for the Income tax aspects of either retirement program or annuity program or for retirement or annuity policy terms and provisions.

I hereby acknowledge that I have read and understand the above information. I further understand that the University of Houston System assumes no responsibility for the financial performance of any company nor does it guarantee the company’s current and/or future financial standing.

Employee Signature _____ Date _____

Agent Name: _____

Telephone: _____

ESO Approval: _____

Date: _____