



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: (850) 644-4017
 Fax: (850) 645-9509

Roth 403(b) (Post-tax) Salary Reduction Agreement (Roth SRA)

[Note: For changes to a pre-tax 403(b) Tax-Sheltered Annuity account, please complete a [403\(b\) Tax-Sheltered Annuity Salary Reduction Agreement \(SRA\)](#)]

A. Employee Information:

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

B. Choose a contribution action (check one): Start Change Stop

C. Indicate the bi-weekly contribution amount(s): (*minimum \$10.00 bi-weekly)

Vendor	New Contribution (specify \$ or %)
AXA	
Lincoln Investment	
TIAA	

Vendor	New Contribution (specify \$ or %)
VALIC	
Voya Financial	

D. Effective Date:

This Roth SRA is effective on the earliest available paycheck date after the form is received by the Human Resources Benefits Office, unless otherwise indicated below.

Effective on the _____ paycheck date or Annual Leave payout Sick Leave payout

E. Acknowledgement, authorization and signature:

Contract: Prior to completing this agreement, I have submitted the required account contract(s) for the vendor selected. I understand that failure to complete the vendor contract may result in my contributions being returned.

Changes: Roth 403(b) participants may make changes at any time throughout the year by completing a new Roth SRA.

State University System Optional Retirement Program (SUSORP) Participants: May contribute to a Roth 403(b) without first contributing the maximum amount to the ORP.

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 Roth SRA must be signed in order to be processed. By signing this Roth SRA, I understand that this agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. I am responsible for the accuracy of the excludable amounts stated in this Roth SRA; for monitoring the accuracy of the dollar amount/percentage to be deferred on an annual basis; for any overstatement of the amounts excludable as a salary reduction 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
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**** Submit completed form to the HR Retirement office, via fax to (850) 645-9509, or email: retirement@fsu.edu ****