



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) Salary Reduction Agreement (Roth 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	Contribution (specify \$ or %)
AXA	
Lincoln Investment	
TIAA	

Vendor	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

**\*\* Submit completed form to the HR Retirement office, via fax to (850) 645-9509, or email: retirement@fsu.edu \*\***