



SUPPLEMENTAL TAX-SHELTERED ANNUITY 403(b) PROGRAM

PRE-TAX SALARY REDUCTION / ROTH DEDUCTION AGREEMENT

Employee Information

Name _____ University ID Number _____
Last First MI
Campus Phone _____ Email Address _____

I agree to the following Pre-tax Elective Deferrals or Roth Elective Deferrals per paycheck from my compensation paid by the University of Nebraska (the "University") effective with respect to amounts paid on or after the first day of _____, 20__ (specify a month beginning after the University receives completed agreement):

(Designate your Pre-tax Elective Deferrals and Vendor)
_____ \$ or % _____ per paycheck to TIAA-CREF
_____ \$ or % _____ per paycheck to Fidelity
(Designate your Roth After-Tax Elective Deferrals and Vendor)
_____ \$ or % _____ per paycheck to TIAA-CREF
_____ \$ or % _____ per paycheck to Fidelity

For the purpose of having such amounts contributed by the University to the Custodial Account or Annuity established on behalf of and designated by me pursuant to the University's Tax-Sheltered Annuity Program (the "Program"). The combined total Elective Deferrals pursuant to this Agreement and pursuant to a tax-sheltered arrangement maintained by an employer affiliated with the University of Nebraska cannot exceed the limitations of Internal Revenue Code ("Code") Sections 403(b) or 415(c) or the limits on elective deferrals of Code Section 402(g); except that such deferrals may include "catch-up" contributions up to the Code Section 414(v) limit if I will have attained age 50 by the end of the calendar year. Such combined amounts also will not exceed the limitations allowed under Section 402(g)(7) for an employee with 15 or more "years of service" with the University. I agree to indemnify and hold the University harmless from loss, tax, expense, fee or penalty if any limit is exceeded. I further agree to take such action as the University requires to effect correction if any such a limit is exceeded. The University may reduce contributions if it determines that any limit will be exceeded.

This Agreement revokes any existing agreement under the Program. This Agreement is irrevocable with respect to compensation paid. It continues (including for future years) until I or the University amend or terminate it in writing. The Agreement may be terminated or amended at any time by either me or the University with respect to compensation paid following the date of the amendment or termination of the agreement.

I agree that I am solely responsible for the tax and other consequences of my elections in this Agreement and my participation in the Program and for the gains or losses arising from my investment decisions in my accounts with TIAA-CREF or Fidelity.

Employee Signature

Date