

TDA/DCP One Time Lump Sum Deferral Form

Name (Print) _____ UIN _____ Phone _____

Department _____ Institution/Agency _____

The following election to participate in a Tax-Deferred Account (TDA) or a Deferred Compensation Plan (DCP) will be effective upon termination, retirement, or move from an accruing to a non-accruing position for deferral of the lump-sum vacation payment.

As authorized by the provisions of Section 403(b), 457(b), United States Internal Revenue Code, The Texas A&M University System is hereby authorized to reduce my lump sum payment to purchase for me a nonforfeitable 403(b)(1) or 403(b)(7) Tax-Deferred Account (TDA) or Deferred Compensation Plan (DCP) as described below.

Upon my status change, defer \$ _____ or _____% of my lump-sum vacation payment for deposit in the TexaSaver 457 Deferred Compensation Plan and/or Tax-Deferred Account. Allocate this amount as indicated below.

TexaSaver DCP (your contributions are not taxed, but your earnings are)
Dollar Amount/Percentage _____

TexaSaver Roth DCP (your contributions are taxed, but your earnings are not)
Dollar Amount/Percentage _____

Regular TDA (your contributions are not taxed, but your earnings are)
Dollar Amount/Percentage _____ Vendor #1 _____
Dollar Amount/Percentage _____ Vendor #2 _____

Roth TDA (your contributions are taxed, but your earnings are not)
Dollar Amount/Percentage _____ Vendor #1 _____
Dollar Amount/Percentage _____ Vendor #2 _____

In the calendar year for which this agreement applies, have you made: 401(k) salary reduction contributions or SIMPLE 401(k) contributions with any employer, 408(k)(6) salary reduction SEP amounts or 408(p) SIMPLE IRA amounts with any employer, 403(b) or 457(b) salary reduction contributions with employers other than the A&M System, or any 501(c)(18) plan elective deferrals?

Yes (Amount: \$ _____; Account Type _____) No

EMPLOYEE AGREEMENT

I understand that I bear the risk of the performance of the product(s) of my choosing, that The Texas A&M University System has no fiduciary responsibilities in this area, and that The Texas A&M University System is not liable for any tax consequences occurring under this program. I acknowledge that current federal tax code requires that I begin receiving a minimum distribution from the accumulated funds by April 1 following the year in which I reach age 72 or retire, whichever is later. This agreement shall be legally binding and irrevocable with respect to the lump sum vacation payment. I understand and agree to the following conditions:

- My election will be subject to retroactive opinions and rulings issued and to be issued by the Internal Revenue Service affecting Section 403(b), Section 457(b), Section 415 and 402(g) of the Internal Revenue Code.
- Any change in interpretation of Sections 403(b), 457(b), 415 or 402(g) of the Internal Revenue Code or Regulations may require recalculation of my maximum contribution limit and a change in the amount and/or tax status of accounts purchased under provisions of that Code.
- In the event of any adverse ruling by the Internal Revenue Service regarding the calculation of my maximum contribution limit or my purchase of Tax-Deferred Accounts, I agree to be responsible to the Internal Revenue Service and acknowledge that The Texas A&M University System has the right to make such adjustments in the amount of my maximum contribution limit as deemed necessary by the System for compliance with such rulings.

Employee Signature _____ Date _____

Return this form to your Payroll Office

Processed by _____ Date _____