



UNIVERSITY OF WEST FLORIDA
HUMAN RESOURCES

PAYROLL AUTHORIZATION FORM FOR TAX DEFERRED ANNUITY

Name (please print) _____ Campus Ext. _____ UWF ID# _____

I hereby authorize the University of West Florida to:

- Begin bi-weekly payroll deductions in the amount of \$ _____
- Increase bi-weekly deductions to \$ _____
- Decrease bi-weekly deductions to \$ _____
- Stop bi-weekly deductions \$ _____
- Leave payout in the amount (hours) _____

Company / Deduction Code _____

Effective Date _____

I further certify that I am not participating in the Optional Retirement Program, or if I am, my contribution is equal to 5.14% and the amount indicated herein is in addition to the ORP contribution.

I understand it is my sole responsibility to work with my selected companies to assure that my tax deferred income deductions do not exceed that maximum amounts set in the Internal Revenue Service Code and Registration. I understand my salary reduction contributions (including ORP Contributions) cannot exceed the lesser of the dollar limits in the chart below.

Year	Contribution limit if under age 50	Contribution limit if age 50 or older
2019	\$19,000	\$25,000

❖ Special 15 year of service rule for additional contributions. If you have completed 15 or more years of service with the University, you may qualify for a special rule that may allow you to contribute more than the basic limit. Please contact your annuity company for confirmation. *If you are eligible for the additional contribution, please remit documentation to Human Resources.*

Signature _____ Date _____

Processed & Posted Signature & Date (HR Use Only)