

PAYROLL AUTHORIZATION FORM FOR ROTH 403(b) 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 understand all ROTH 403(b) contributions are after taxes.**

I understand it is my sole responsibility to work with my selected companies to assure that my tax deferred income deductions and my ROTH 403(b) deductions do not exceed the maximum amounts set in the Internal Revenue Service Code and Registration. I understand my salary reduction contributions (including ORP Contributions) cannot exceed the dollar limits in the chart below.

| Year | Contribution limit if under age 50 | Contribution limit if age 50 or older |
|------|------------------------------------|---------------------------------------|
| 2026 | \$24,500 | \$32,500 |

❖ 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

Agent Signature & Date

Process Signature & Date (HR)