

## Duke 403(b) Faculty and Staff Retirement Plan Enrollment Form

### Section 1: PERSONAL INFORMATION

Payroll Area:        Biweekly        Monthly

Name: \_\_\_\_\_ Duke Unique ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*If you have provided an email address, you will receive an email confirmation within 3 business days of receiving this form.

### Section 2: EFFECTIVE DATE

Enrollment/Changes will be effective the **next** available paycheck

### Section 3: YOUR EMPLOYEE VOLUNTARY CONTRIBUTION ELECTION

I would like to contribute on a pre-tax basis, Roth after-tax basis or a combination of both as follows:

#### Pre-Tax Contribution:

- Whole % of Salary \_\_\_\_\_
- Flat \$ Amount \_\_\_\_\_
- Maximum Program Option

The **Maximum Program Option** is only available for your pre-tax contributions. This program is based on the IRS limit and takes into consideration how much you have contributed so far at Duke and the number of pay periods left in the year. The Maximum Program Option adjusts your deductions at the beginning of each year based on the new IRS limit; however, it will not recalculate your pay period amount due to missed deductions.

- I **DO NOT** wish to contribute on a pre-tax basis at this time

#### ROTH After-Tax Contribution:

- Whole % of Salary \_\_\_\_\_
- Flat \$ Amount \_\_\_\_\_
- I **DO NOT** wish to contribute on a Roth after-tax basis at this time

### Section 4: DUKE CONTRIBUTION (IF ELIGIBLE)

If you are eligible to receive Duke's contribution, contributions will be directed to your chosen investments made through **Fidelity**. If you do not make investment elections through Fidelity, contributions will be defaulted to a Target Date Fund based on your age.

### Section 5: INVESTMENT ELECTIONS

Select investment options for your voluntary contributions and/or Duke contribution (if eligible) through Fidelity at [fidelity.com/duke](http://fidelity.com/duke). If you do not select investments, your contributions will be defaulted to a Target Date Fund based on your age.

Please review the Investment Performance and Fee Disclosure Summary information before making your investment selections located at: [hr.duke.edu/performance](http://hr.duke.edu/performance). Please visit the Duke HR web site at [hr.duke.edu/403benroll](http://hr.duke.edu/403benroll) for additional instructions or contact the Human Resource Information Center at (919)684-5600.

**\*\*PLEASE FLIP OVER AND SIGN FORM ON THE BACK\*\***

**Section 6: NOTICE REGARDING CONTRIBUTIONS TO OTHER RETIREMENT PLANS**

If you are participating or have participated in another employer sponsored retirement plan (such as a 403(b), 401(k), SIMPLE IRA, and or simplified employee pension plan) during this calendar year, all your voluntary pre-tax and Roth after-tax contributions must be aggregated and are subject to the Internal Revenue Code (IRC) Section 402(g) limit. If you have made voluntary salary deferral contributions in excess of the limit, you must notify the Human Resources Information Center (HRIC), in writing, of the excess amount. If notification occurs on or before March 1 following the plan year in which the excess contribution was made, the excess amount, including any credited investment gain or loss through the end of the calendar year of the excess contribution, and will be distributed to you as taxable income no later than April 15 of the following calendar year. If you contribute to more than one employer-sponsored retirement plan during a calendar year, you are responsible for determining whether your contributions are within the dollar limitations and for payment of any tax or penalty if the dollar limitations are exceeded.

In addition, if you have participated or will participate in another employer- sponsored retirement plan during this calendar year AND own or have owned more than 50% of that business (such as consulting practice), please contact the HRIC at 919-684- 5600 to speak to the Retirement Plan Manager. In order to accurately calculate your maximum amount contributable for the plan year, Duke will need to collect some information pertaining to your contributions to the retirement plan sponsored by that business. (See IRS Publication 571).

**Section 7: ACKNOWLEDGEMENT AND AUTHORIZATION**

I hereby authorize Duke University or Duke University Health System Inc., (hereafter "Duke") to reduce my eligible compensation, as defined by the Plan, by the amount indicated above with respect to salary earned on or after the effective date of this salary reduction agreement. Such salary reduction amount shall be applied by Duke to purchase one or more Annuity Contracts and/or contributed to a Custodial Account on my behalf, as allocated and set forth here. The amount of the reduction shall remain in effect unless and until I complete and Duke approves a new salary reduction agreement, or I terminate employment. Reductions elected here revoke and replace my prior elections, if any. This salary reduction agreement shall be legally binding and irrevocable with respect to amounts paid or available while it is in effect. This salary reduction agreement shall take effect on the next available paycheck. No more than one election may be made within a pay period. I understand this Agreement is subject to approval by Duke and I accept full responsibility for all the effects of this Agreement, including the ultimate responsibility for determining whether this salary reduction complies with applicable limits. I understand that Duke will calculate my maximum amount contributable, and that the amount I elected may be reduced in order to comply with Federal tax rules and limits. I agree to be bound by Duke's good faith interpretation of the limits as set forth in §402(g) and §415 of the Internal Revenue Code and by Duke's calculations of the amount to be contributed under this Agreement. I agree that in consideration of Duke providing a maximum contribution calculation, I will indemnify and hold harmless, Duke, its officers, and employees, for any claims, liability, or damages arising from the maximum contribution calculation or in connection with this salary reduction election. Finally, I understand that an error in this calculation may result in current taxation of all or a part of the amounts contributed under this election and I agree that Duke may recover additional income tax withholding from my future salary payments should current taxation occur.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BENEFITS USE ONLY**

Effective date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send both completed pages to  
Benefits, Box 90502, 705 Broad Street, Durham, NC 27708  
Or fax to (919) 681-8774.**

*If you have questions, please contact the Human Resource Information Center  
at 919-684-5600 or visit the Duke HR website at  
[hr.duke.edu/benefits/retirement](http://hr.duke.edu/benefits/retirement) for additional information.*