

Employer-Sponsored Retirement Plan Acknowledgement Form

I confirm receipt of the Default Investment Notice and Fee Disclosures

I understand I am eligible to enroll in the supplemental account at any time. The link (<https://www.fdu.edu/about/university-leadership-offices/human-resources/benefits/retirement-plans/>) to FDU's retirement plan webpage includes the Tax Deferred Annuity summary plan description and the link to the microsite to complete the application. I am also responsible to ensure my contributions do not exceed the annual IRS 403(b) limits which may be reviewed on the IRS website (IRS.gov). I understand a Salary Reduction Agreement is required to start contributions. I may locate the Agreement and TIAA Enrollment material www.tiaa.org/fdu

If I am a Union employee, I understand I must be employed 1-year full time to be eligible for the employer match. I may review additional information including the Union Plan Information on the link provided above for FDU's retirement Plan webpage. I understand a Salary Reduction Agreement must be completed to begin contributions.

If I am a full-time faculty member or a non-union full-time employee, I must be employed 2 year full time to be eligible for the employer match. I may review additional information including the Non-Union Plan Information provided above for FDU's retirement plan webpage. I understand if I have prior eligibility (as outlined in the non-union Plan Information), I must provide a letter from my prior employer stating my dates of full-time employment. If my wait time is waived or reduced, I will receive an invite into the employer match Plan. I understand a Salary Reduction Agreement must be completed to begin contributions.

If I am a union part time staff member, I understand I may be eligible for the employer match plan if I work the 1,000-hour minimum as outlined in the Union Plan information on the link provided above.

If I am a non-union part time staff member, I understand I may be eligible for the employer match plan if I work the 1,000-hour minimum during a consecutive 2-year period as outlined in the Non-Union Plan Information on the link provided above.

Employee Name (please print)

Last FOUR digits of Social Security Number

Date

Employee Signature

Location/Department
