

The University of Texas System PURCHASE/CHANGE AGREEMENT

AGREEMENT TO PURCHASE:

- UTSAVER 403(b) TAX-SHELTERED ANNUITY PROGRAM (TSA)**
- UTSAVER 457(b) DEFERRED COMPENSATION PROGRAM (DCP)**

I request that The University of Texas _____ reduce my salary for the purchase of an annuity contract or otherwise authorized investment product in lieu of a portion of the compensation otherwise payable directly to me for the current calendar year, and thereafter from year to year until revoked by either party. This agreement is executed to be effective with respect to amounts earned on or after the execution of this agreement, and pursuant to the provisions of Sections 403(b), 457(b) and 415 of the *Internal Revenue Code of 1986*, as amended.

FOR SUCH PURPOSE, I HEREBY AUTHORIZE YOU TO TAKE THE ACTION INDICATED BELOW:

- Reduce my gross monthly salary by the sum of \$ _____ per month (\$ _____ per year) for _____ (9 or 12) months, beginning the first day of _____, 20____, until revoked by either party. Apply said sum to an investment contract selected by me and issued by (must equal 100%):

Company Name	Product if Applicable	Traditional (Pre-Tax)	Roth (Post-Tax)
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %

- The amount above includes (check all that apply):
 _____ Age 50 Catch-Up _____ 15-Year Catch-Up **(TSA only)** _____ Special Catch-Up **(DCP only)**
- Cancel my participation effective _____, 20____.

I release all rights, present and future, to receive payment in any form of amounts agreed upon as stated above except, (1) the right of my estate upon my death while in the employ or, (2) the right personally upon termination of my employment by reason other than my death to receive all or any part of the amount herein specified for which I have already rendered services, but which has not been transferred to the investment carrier.

It is also my understanding that in the event of an adverse ruling by the Internal Revenue Service concerning the federal income tax liability of individuals who elect to participate under these programs; it will be my responsibility to satisfy any federal income tax deficiency.

AGREEMENT TO CHANGE VENDORS:

- OPTIONAL RETIREMENT PROGRAM**
- UTSAVER TAX-SHELTERED ANNUITY PROGRAM**
- UTSAVER DEFERRED COMPENSATION PROGRAM**
- UNIVERSITY OF TEXAS SYSTEM GOVERNMENTAL RETIREMENT ARRANGEMENT (UTGRA)**

Change my selected vendor allocation to the following, effective _____, 20____:

Company Name	Product if Applicable	Traditional (Pre-Tax)	Roth (Post-Tax, TSA Only)
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %

Name (Print) _____ **Employee Identifier** _____

Employee Signature _____ **Date** _____

To be completed by Human Resources/Benefits Office:

Authorized Signature _____ Date _____