

2024 FORM TO REPORT TAX DEFERRED CONTRIBUTIONS
TO ANOTHER EMPLOYER SPONSORED RETIREMENT PLAN

I estimate that I have contributed or will contribute \$ _____* on a voluntary, tax-deferred basis to another Employer Sponsored Retirement Plan during the 2024 tax year which begins January 1, 2024.

* Exclude any mandatory, employer-required contributions. But include Roth 403(b) contributions.

The IRS 402(g) tax deferred limit for 2024 is \$23,000 with an additional \$7,500 catch-up provision for employee's reaching age 50 by 12/31/2024.

Check the box that applies:

- As of the date of this form, **my combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have not exceeded the IRS limits**. Please use the above provided amount to offset my 402(g) before-tax limit in 2024. I understand that upon my combined tax-deferred contributions reaching the 402(g) limit, my contributions will continue under the UA 457(b) plan up to the applicable limits.
- My combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have already exceeded the IRS limits**. Please **move \$** _____ from before-tax to after-tax within my payroll record and my 403(b) Retirement Plan AND use the above amount to offset my 402(g) tax-deferred limit for the remainder of the 2024 calendar year. I understand that my contributions will continue under the UA 457(b) plan up to the applicable limits. I also understand that this increase in my taxable wage base may result in additional Federal and State tax liability. *This option is only available if my last payroll of 2024 has not yet processed.*
- My combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have already exceeded the IRS limits**. Please **refund \$** _____ from my 403(b) Retirement Plan AND use the above amount to offset my 402(g) before-tax limit for the remainder of the 2024 calendar year. I understand that my contributions will continue under the UA 457(b) plan up to the applicable limits. By requesting this refund, I understand this may result in a refund of University matching contributions. I also understand that this increase in my taxable wage base may result in additional Federal and State tax liability.

(Printed Employee Name)

(Date)

(Employee Signature)

(SSN or Employee ID#)

INSTRUCTIONS: Deliver this form to your campus Human Resources representative.