

**2007**

**FORM TO REPORT BEFORE-TAX CONTRIBUTIONS TO ANOTHER EMPLOYER  
SPONSORED RETIREMENT PLAN**

**I estimate that I will contribute \$ \_\_\_\_\_ on a before-tax basis to another Employer  
Sponsored Retirement Plan during the 2007 tax year which begins 01-01-2007.**

The IRS 402(g) pretax limit for 2007 is \$15,500, with an additional \$5,000 catch-up provision for employees reaching age 50 by 12/31/2007.

Check the box that applies:

- As of the date of this form, my **combined** before-tax contributions through the UA Retirement Plan and the VA TSP have not exceeded the IRS limits. Please use the above provided amount to offset my 402(g) before-tax limit. I understand that upon my **combined** before-tax contributions reaching the 402(g) limit, my before-tax contributions at UAMS will continue under the UA 457(b) plan up to the applicable limits.
- My **combined** before-tax contributions through the UA Retirement Plan and the VA TSP 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) before-tax limit for the remainder of the calendar year. I understand that my before-tax 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.
- My **combined** before-tax contributions through the UA Retirement Plan and the VA TSP 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 calendar year. I understand that my before-tax 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)

**INSTRUCTIONS:** Deliver this form to UAMS Office of Human Resources, mail box #564, or fax to 686-5386.