

**2012** FORM TO REPORT TAX DEFERRED CONTRIBUTIONS TO  
ANOTHER EMPLOYER SPONSORED RETIREMENT PLAN

I estimate that I will contribute \$ \_\_\_\_\_ on a tax-deferred basis to another Employer Sponsored Retirement Plan during the 2012 tax year which begins January 1, 2012. {Be sure to include any Roth contributions made through an employer 403(b) plan.}

The IRS 402(g) tax deferred limit for 2012 is \$17,000 with an additional \$5,500 catch-up provision for employee's reaching age 50 by 12/31/2012.

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. I understand that upon my combined tax-deferred contributions reaching the 402(g) limit, my contributions at UAMS 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 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.
- 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 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)

**INSTRUCTIONS:** Deliver this form to UAMS Office of Human Resources, send through campus mail to Box # 564-1, or fax to UAMS Benefits at (501) 603-1318.