J. Hillis Miller Health Center 403(b) Plan  
Academic Enrichment Fund (AEF)  
Vendor Selection Form

A. Employee Information:

_______________________________________    ___________________________    ______________________
Name (Last, First)                                 UFID#                             
________________________________________   ____________________________
Email                                               Daytime Phone Number

B. Select the vendor:

<table>
<thead>
<tr>
<th>Check One</th>
<th>Vendor</th>
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<tbody>
<tr>
<td></td>
<td>Fidelity</td>
</tr>
<tr>
<td></td>
<td>ING</td>
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<tr>
<td></td>
<td>MetLife</td>
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<td>TIAA-CREF</td>
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<td>VALIC</td>
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</table>

C. Effective Date: This vendor selection is effective in the current pay cycle when the form is received by Human Resource Services.

D. Acknowledgement, authorization and signature:

Contract: Prior to completing this agreement, I have executed the required account contract for the vendor selected. I understand that failure to complete the vendor contract will result in my contributions being returned.

Contributions: Employer contributions are based on compensation from the Academic Enrichment Fund (AEF), equal to the contribution percentage for the State University System Optional Retirement Program in accordance with section 121.35, Florida Statutes including required employee contributions in section 121.71, Florida Statutes.

IRS Contribution Limits: The Internal Revenue Code limits the amount of annual contributions. I understand it is important to carefully monitor my contributions throughout the year to ensure contributions are within the limits established for the specific calendar year. I am responsible for any additional taxes, interest, and penalties that may be assessed for over-contributing. The IRS 415 limit (employer and employee contributions) is reduced dollar for dollar by any voluntary contribution you make to another 403(b), 401(k), Federal Thrift Savings, salary reduction SEP or SIMPLE plan. Contributions to a 457 (Deferred Compensation) plan or to a traditional or Roth IRA do not affect the 415 limit.

Authorization: This form must be signed in order to be processed. Employer contributions and mandatory employee contributions will be sent to the selected vendor. I have reviewed my contribution allocation with the selected vendor representative.

________________________________________    ___________________________    ______________________
Employee Signature                           Date

Submit completed form to the HRS Retirement office via fax, (352) 392-5166, or email, retirement@ufl.edu.