

Internal Revenue Code Section 415(c) Aggregation Form

SECTION 1: PERSONAL INFORMATION *(Please print. Fill in all blanks; enter "N/A" if not applicable)*

Employee ID	Last Name	First Name	M.I.
Home Mailing Address		City	State Zip
Work Phone Number	Home Phone Number	Email	

SECTION 2: Answer ALL of the following questions

- | | | |
|-----|----|---|
| Yes | No | Are you eligible to participate in the Vanderbilt University Retirement Plan? |
| Yes | No | Do you own controlling interest (over 50%) in a for-profit business, including sole proprietorship and/or consulting? |
| Yes | No | Do you make contributions to a qualified retirement plan [401(k), 401(a) and 403(b) plans, or simplified employee pensions (SEPs) and Keogh plans] through that business? |

If you answered "Yes" to all three questions, complete questions 1, 2 and 3 below, then sign, date and submit the form.

SECTION 3: Please answer the following about your outside business activities in 2014 (do not include Vanderbilt contributions or compensation)

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|---|---|
| 1. What is the limitation year of the qualified plan [401(k), 401(a) and 403(b) plans, or simplified employee pensions (SEPs) and Keogh plans]? <i>A limitation year is the 12-month cycle for which contribution testing is performed on your other plan (January – December, July – June, etc.)</i> | |
| 2. Enter the total annual contribution to the qualified plan [401(k), 401(a) and 403(b) plans, or simplified employee pensions (SEPs) and Keogh plans] during that limitation year (excluding age 50 catch-up contributions). | <i>Do not include Vanderbilt contributions.</i> |
| 3. What was your Internal Revenue Code (IRC) 415 total compensation during that limitation year? <i>If the total is above the \$415 limit, you may use the current \$415 amount here. You may need to contact your tax advisor for assistance in answering this question.</i> | <i>Do not include Vanderbilt compensation.</i> |

SECTION 4: Acknowledgment

I understand that if I do not accurately report the information requested, there may be severe tax consequences of noncompliance for myself and Vanderbilt University, and may include civil and criminal penalties. I hereby certify that the above information is accurate to the best of my knowledge.

I also certify that if any outside contributions change during the year, I will complete a new form to report this amended amount.

Employee Signature

Date

For more information about 415(c)(7) aggregation please visit the [IRS website](#).

Please complete and return signed form to the Office of Benefits Administration:

Mailing Address:

Vanderbilt HR Benefits Office
PMB #407700
2301 Vanderbilt Place
Nashville, TN 37240-7700

Physical Address:

HR Express
2525 West End Avenue, Suite 200
Nashville, TN 37203
Monday–Friday, 7:30 am–5:30 pm

Electronically:

Fax: 615.343.2292
Email: benefits@vanderbilt.edu