



Internal Revenue Code Section 415(g) Aggregation Form

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

Answer ALL of the following three questions:

- Are you eligible to participate in the Vanderbilt University Retirement Plan?
Do you own controlling interest (over 50%) in a for-profit business, including sole proprietorship and/or consulting?
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 "No" to one or more of these questions, sign and date this form and submit to the Office of Benefits Administration.
If you answered "Yes" to all three questions, complete questions 1, 2 and 3 below, then sign, date and submit the form.

Please answer the following about your outside business activities in 2008:

Table with 3 rows and 2 columns. Row 1: 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]? A limitation year is the 12-month cycle for which contribution testing is performed on your other plan. Row 2: 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). Row 3: 3. What was your Internal Revenue Code (IRC) 415 total compensation during that limitation year? You may need to contact your tax advisor for assistance in answering this question.

Acknowledgement:

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

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

Mailing Address:
Vanderbilt HR Benefits Office
VU Station B #357700
2301 Vanderbilt Place
Nashville, TN 37235-7700

Physical Address:
HR Express
2525 West End Avenue, Suite 200
Nashville, TN 37203
Monday-Friday, 7:30 a.m.-5:30 p.m.

The Office of Benefits Administration cannot accept a fax of this form.