

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	First Name		M.I.
——	ome Mailing Add	ress		City		 Zip	
		1033		City	State	Σiþ	
Work Phone Number		per	Home Phone Number	Email			
SEG	CTION 2: Answ	ver ALL of 1	the following questions				
	Yes	No	Are you eligible to participation	ate in the Vanderbilt University 4	03(b) Retiremen	t 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.							
SE	CTION 3: Plea	ise answer	the following about your <u>outside</u> k	ousiness activities in 2015 (do not inclu	de Vanderbilt contr	ibutions or comp	ensation)
	 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 (January – December, July – June, etc.) 						
	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).					t include Vanderbil	t contributions.
	What was your Internal Revenue Code (IRC) 415 total compensation during that limitation year? 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.Do not include Vanderbilt comp on the second						t compensation.

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 <u>IRS website</u>.

Please complete and return signed form via email to the Office of Benefits Administration at benefits@vanderbilt.edu.