

**CENTRAL MICHIGAN UNIVERSITY 403(b) BASIC RETIREMENT PLAN  
and 403(b) SUPPLEMENTAL TAX DEFERRAL PLAN  
OUTSIDE CONTRIBUTION DISCLOSURE FORM**

Name: \_\_\_\_\_ Campus ID# \_\_\_\_\_ Employee Group: \_\_\_\_\_

The purpose of this form is to enable participants in one or both of CMU's 403(b) plans, the Central Michigan University 403(b) Basic Retirement Plan (**Basic Plan**) and the Central Michigan University 403(b) Supplemental Tax Deferral Plan (**Supplemental Plan**), to disclose to the University any participation in other plans that may impact the applicable contribution limits described in the accompanying document, the "Explanation of Contribution Limits." If you participate in an outside plan, you must complete and submit this form for each applicable year. The form should be submitted at the time of your initial enrollment in the **Basic Plan** and the **Supplemental Plan**. If needed, you are required at the end of the plan year to submit detailed information on outside plan contributions for the entire year. At the beginning of each subsequent year of participation in one or both of the CMU plans, you will be required to complete and submit this form for that year as well. It is solely your responsibility to make this disclosure. The University will have no responsibility or liability for the consequences of your failure to fully disclose all outside contributions.

**Contributions to Outside Plans**

Please list all outside plans in which you make employee elective deferral (payroll deduction) contributions or in which an employer makes contributions for you. Plans of controlled employers should be listed in the following section of this form and should not be included in this section.

Outside Plan Name \_\_\_\_\_

Employer/Plan Sponsor \_\_\_\_\_

Dollar Amount of Your Contributions \_\_\_\_\_

Dollar Amount of Employer Contributions \_\_\_\_\_

If more space is needed, attach additional sheets to this form.

## Plans of Controlled Employers

You are deemed to be in control of an employer if you own it as a sole proprietor or if you own more than 50% of that employer. You are also deemed to be in control of any entity that is controlled by an employer that you control. Please list all controlled entities and the plans of those employers in which you participate.

Employer/Plan Sponsor \_\_\_\_\_

Type of Entity \_\_\_\_\_

Your Ownership Percentage \_\_\_\_\_

Name of Plan \_\_\_\_\_

Type of Plan \_\_\_\_\_

Dollar Amount of Your Contribution \_\_\_\_\_

Dollar Amount of Employer Contribution \_\_\_\_\_

If more space is needed, attach additional sheets to this form.

### Signature

The above information is complete and accurate to the best of my knowledge and belief.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_