



UNIVERSITY OF
SAN FRANCISCO

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**Vesting Waiver/Credit Form
401(a) Defined Contribution Retirement Plan**

The University of San Francisco will waive the 3-year vesting requirement under the 401(a) Defined Contribution Retirement Plan (the "Plan") if you were 100% vested in employer provided contributions or benefit accruals under a retirement plan sponsored by a not-for-profit organization or other institution of higher education. Additionally if you were not 100% vested in employer-provided contributions or benefit accruals, you will be credited with years of Vesting Service for your employment with a predecessor employer if (1) you were employed by a not-for-profit organization or other institution of higher education and (2) your employment with the University of San Francisco begins within 31 days (or, if you are a faculty member, with the next academic term) following your termination date with the not-for-profit organization or other institution of higher education.

USF ID#: _____ Date of Hire: _____

Name: _____ Phone Extension: _____

Email: _____

Were you previously enrolled in USF's 401a Plan? Yes No

I authorize my previous employer to provide information regarding (1) my vested status under my previous employer's retirement plan or (2) my employment history to determine my years of Vesting Service under the Plan.

Employee Signature: _____ Date: _____

To be completed by previous employer:

Are you a non-profit organization or other institution of higher education? Yes No

Does your organization or institution sponsor a retirement plan funded in whole or in part by employer-provided contributions, e.g., 403(b) plan, 401(a) plan such as a money purchase pension plan or defined benefit plan? Yes No

If yes, did the employee participate in your plan and was he or she 100% vested in your plan? Yes No

Date of hire: _____ Date of termination: _____

If the employee had multiple periods of employment, please provide his or her employment history, e.g., August 1, 2008 to May 31, 2009, August 1, 2010 to May 31, 2012:

Name of Employer: _____

Plan Representative Name: _____

Title: _____ Phone Number: _____

Signature: _____ Date: _____

Please submit completed form via one of the following methods:

Email: retirementplan@usfca.edu
Fax: (415) 386-1074
Mail: University of San Francisco: Human Resources, Benefits
2130 Fulton Street, San Francisco, CA 94117