



University Benefits Office
Pace University
100 Summit Lake Drive
Valhalla, New York 10595

PHONE: (914) 923-2828
FAX: (914) 989-8506

403(b) Retirement Plan - Waiting Period Waiver

Return to University Benefits office upon completion of Sections A and B.

Section A: To be completed by Pace University employee

UID#

Work Phone #:

Previous Employer:

I hereby authorize my previous employer to release the requested information to Pace University. I understand that it is my responsibility to obtain the necessary authorization from my previous employer. I also understand that if approved, the University contribution to my 403(b) Retirement Plan will begin as of the first day of the month following receipt of this completed form and my completion of the (updated, if applicable) 403(b) Salary Reduction Agreement Form.

Employee Signature

Date Signed:

Section B: To be completed by Human Resources representative of previous employer.