



**Optional Retirement Plan Salary Reduction Agreement
 For Tax-Deferred Retirement Benefits**

Identifying Information

Name:	
Employee Number (or SSN):	

Please read the Informational Handout and the instructions on the back of this form prior to completing this agreement.

Deduction Amount

New Change Renewal

Please deduct _____ % of gross annual salary **OR** \$_____ per biweekly payroll

Note: If you have selected a dollar value and if for any reason your biweekly gross amount is not sufficient to take your elected amount plus applicable taxes and other elected deductions your deduction for that payroll will be skipped. No partial deduction will be taken. If this is a concern, consider using the % of salary method instead.

Deductions will be sent to:

TIAA-CREF - 1.800.842.2252 www.tiaa-cref.org

Deduction will be invested to an age appropriate JPMorgan SmartRetirement Target Date Fund unless further instruction is received

If you determine that a retirement target date fund is not the investment for you, please complete an enrollment form with your allocation choices and send the enrollment form directly to TIAA-CREF in the envelope provided in the enrollment packet or you may fax to 800.914.8922. If this enrollment form does not arrive prior to the first deduction, deductions will go to the default fund until the enrollment form is processed.

This agreement will go into effect the payroll following the date signed or the payroll following submission to your Research Foundation benefit representative, whichever is later.

By signing this agreement the employee acknowledges they have received and read about the plan in the Benefits Handbook as well as the informational handout and that this agreement is subject to terms of the plan. The employee also acknowledges responsibility for assuring the salary reduction amount through the Research Foundation and any other employer's plan do not exceed the limits defined by the Internal Revenue Code (IRC). The employee further certifies that any retirement plan contributions made by a business in which the employee has a controlling interest have been reported to the RF following the instructions in the Optional Retirement Plan Informational Handout. This agreement can be terminated or changed at any time by completing a new form.

Date signed: _____ Employee Signature: _____

Date signed: _____ Research Foundation Authorization: _____

Title: _____

In the section...	item...	enter...
Identifying Information	Name Employee Number or SSN	Name Enter your employee number which is found on your paystub. If you are a new employee or cannot locate your employee number then enter your SSN
Deduction Amount	New, Change, or Renewal	If this is the first time you are signing up for a tax deferred deduction in the optional plan check the “new” box. If this is a change to your current deduction amount then check the “change” box. If you have participated with us before but are not currently, then check the “renewal” box.
Deduction Amount	% of gross annual salary \$ per biweekly payroll (complete % or \$ amount, <i>but not both</i>)	Percentage by which you want your salary reduced (in 1% increments). Leave blank if you choose a dollar amount. Actual total dollar amount (in whole dollars) by which you want each paycheck (or direct deposit) reduced. <u>Leave blank if you choose a percentage.</u> Although you may reduce up to 100% of your salary net of FICA, the total reduction amount cannot exceed the limits stated in the handout. Further, you should allow for enough salary to cover payroll deductions for employee benefits, parking, etc.
Date and Signature	Sign and date the agreement. The agreement will go into effect the payroll after the date the agreement is signed or the payroll after submission to your campus Research Foundation benefit representative, whichever is later.	