

403(b)/457(b) Salary Reduction Agreement

Personal	Date:					
Information	Last Name First Name MI					
	Social Security Number (last 4 digits only)					
	Address City					
	State Zip			1		
	Telephone					
Requested Action (please check one)	New Enrollment					
	Discontinue Deduction					
	Increase Deduction					
	Decrease Deduction					
Your 403(b)	VENDOR SELECTIONS		PRE TAX CONTRIBUTION PER BI-WEEKLY PAYCHECK			
Salary Reduction(s)	TIAA-CREF		\$			
All salary reductions are pre- tax	VALIC (Acct must be established prior to funds being withheld)		\$			
	The amount of the salary reduction shall be per bi-weekly pay period. This bi-weekly amount must produce a total calendar year contribution that does not exceed the employee's statutory limitation under IRC Section 415 or Section 402(g) for 2017 the limit is \$18,000.					
Conditional/or Optional 403(b) Salary Reductions	Age 50 or over, Catch-Up		\$			
	Contribution*					
	*The bi-weekly amount must not exceed the statutory limitation under IRC 414(v), for 2017 the maximum amount is \$6,000.					
	Special Catch Up, If Employed More Than 15 Years**		\$			
	**Amount allowed is lesser of: a) \$3,000 b) \$15,000 reduced by total Special Catch Up deferrals in prior years; or c) \$5,000 times number of years of service minus total Special Catch up deferrals made in prior years. Please consult Human Resources-Benefits to inquire if you are eligible					
Participation	TIAA-CREF 457(b) bi-week	dy amt	\$			
limited to a select group of management	To be used after employee h Section 402 (g), for 2017 the	ion under IRC Section 415	or			
Employer Contributions	Unless otherwise noted or indicated, Employer Contributions will be made to TIAA-CREF.					
Effective Date	Please Select					
	First Available Check					
	Or Paycheck Effective Date					
	Employee's salary will be reduced by amount indicated in Salary Reduction section.					
Employee Signature	I understand that this Salary Reduction Agreement is legally binding and irrevocable with respect to salary that becomes payable to me while this agreement is in effect. I understand that I may stop, start, or change my future contribution amount at any time during the year by submitting a new Salary Reduction Agreement.					