



# TIAA 403(B) SALARY REDUCTION AGREEMENT

Choose the appropriate title:  Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_ ID number \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Date of hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_  New enrollment  Update contribution

Daytime phone \_\_\_\_\_ Department \_\_\_\_\_

## STEP 2: TELL US IF YOU WANT TO CONTRIBUTE (Select one option only)

I elect to contribute through salary deferrals to the vendor indicated below:

### TIAA

Pretax contributions \_\_\_\_\_% (whole percentages only)

Roth after-tax contributions \_\_\_\_\_% (whole percentages only)

Discontinue my current TIAA salary deferral

Newly eligible employee **opt out** of the automatic enrollment provision. You will not be enrolled into Lincoln or TIAA.

## STEP 3: READ THESE STATEMENTS CAREFULLY

- The employer will reduce your pay by the amount indicated (in **Step 2** above) per pay period and send this amount to the provider as contributions.
- The first payroll deduction will take place as soon as administratively possible after we receive this form.
- While employment continues, this agreement legally binds both you and the employer for amounts deferred while it is in effect. A new agreement must be submitted to change your percentage.
- This agreement will only apply to eligible salary not yet currently available to you. It will not apply to any amounts earned after the agreement is terminated.

## STEP 4: SIGN YOUR NAME

By signing below, I certify that I have read, understand and agree to the terms of the **Salary Reduction Agreement**.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR HR USE ONLY

Action Taken	Rate Entered	Pay Period/Effective Date	Date Processed	Processed By	CALC Checked
Pretax					
Roth					
Match					
STOP deferral					

Comments: