

TIAA 403(B) SALARY REDUCTION AGREEMENT

Choose the appropriate title: Mr. Mrs.	☐ Miss ☐ Ms. ☐ Dr. ☐ Oth	her ID number
Last name	First name	M.I
Age	New enrollment	odate contribution
Daytime phone	Department	
STEP 2: TELL US IF YOU WANT TO CONTRIBU	JTE (Select one option only)	
lacksquare I elect to contribute through salary deferra	als to the vendor indicated below:	: Effective for tax years beginning after
TIAA		December 31, 2025, if your FICA* wages
Pretax contributions	% (whole percentages on	were more than \$150,000 (indexed annually) in the prior calendar year from the employer sponsoring the plan, any
☐ Roth after-tax contributions	% (whole percentages on	
☐ Discontinue my current TIAA salary deferra	ıl	
☐ Newly eligible employee opt out of the auto	matic enrollment provision. You w	will not be enrolled into Lincoln or TIAA.
STEP 3: READ THESE STATEMENTS CAREFU	LLY	
 The employer will reduce your pay by the amo contributions. 	ount indicated (in Step 2 above) p	per pay period and send this amount to the provider as
The first payroll deduction will take place as s	soon as administratively possible a	after we receive this form.
While employment continues, this agreement agreement must be submitted to change you		mployer for amounts deferred while it is in effect. A new
This agreement will only apply to eligible sala agreement is terminated.	ry not yet currently available to yo	ou. It will not apply to any amounts earned after the
STEP 4: SIGN YOUR NAME		
By signing below, I certify that I have read, unde	erstand and agree to the terms of	the Salary Reduction Agreement.
Participant's signature		Date
FOR HR USE ONLY		
Action Taken Rate Entered Pay Perio	d/Effective Date	Processed By CALC Checked
Pretax		
Roth Match		_
STOP deferral		+
Comments:		

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