SALARY REDUCTION AGREEMENT
TIAA-CREF

Instructions

Please complete the information below and return this form to Human Resources

Section I. Employee Information (please print)

_________________________  ____________________________________________
(Employee ID#)            (Name)

Section II. Salary Reduction Agreement

A. ☐ I agree to reduce my eligible compensation by $________ each pay as a pre-tax salary deferral contribution.  *(Generally limited to $19,500 for 2020)*

B. ☐ For employees who have attained age 50 or will attain age 50 this calendar year
   Additionally, I agree to reduce my eligible compensation, in equal amounts each pay period, as a pre-tax salary deferral catch-up contribution.  The maximum amount each year.  *(Generally, $6,500 for 2020)*

C. ☐ Total (A & B) _________ per pay

The above authorization is effective with the payroll beginning ___________ *(may not be retroactive)*

My voluntary tax shelter contribution should be remitted to TIAA-CREF.

Section C. Signatures

I understand that any catch-up contributions elected above are not determined to be catch-up contributions until my regular pre-tax salary deferral contributions exceed an applicable limit under the plan/program, and that the amount of my salary reduction above may not exceed the limits of contributions set forth in my employer’s plan/program.  I further understand that this agreement may not permit an aggregate amount of salary reduction contributions under the plan/program which, when added to elective deferrals made on my behalf to other plans (such as a 403(b) arrangement or a 401(k) plan), exceeds the limit as may be in effect for the year under Internal Revenue code section 402(g).  I understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice in accordance with the terms of my employer’s plan/program.

X  ____________________________       ____________________________
   (Employee signature)              (Date)

X  ____________________________       ____________________________
   (Human Resources Representative signature) (Date)

Updated 10/19