The University of Scranton

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 $23,000 for 2024)*

□ I agree to reduce my eligible compensation by $__________________* each pay as a Roth contribution. (Limited to $23,000 per year for 2024)

*Combined Roth & pre-tax deferral may not exceed $23,000 per year for 2024

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, $7,500 for 2024)

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 2024