

INDIANA STATE UNIVERSITY

Agreement for Salary Reduction Under Section 403(b) or 457(b)

NAME _____ UNIVERSITY ID _____ EXT _____
DEPARTMENT _____ EFFECTIVE DATE _____

FACULTY _____ ADMINISTRATIVE _____ SUPPORT STAFF _____

BY THIS AGREEMENT, made between the above named employee and Indiana State University, the parties hereto agree as follows:

Effective with the pay date listed above, the Employee's salary will be reduced by the amount indicated below. At the same time, the University will contribute a corresponding amount to the Employee's annuity contracts which the Employee will allocate among the funding vehicles approved by the University.

This Agreement will be legally binding and irrevocable as to both of the parties hereto while employment continues. This agreement may be terminated at any time by written notice received by the Staff Benefits Office.

Notice must be received by the 15th of the month prior to the pay date of the change.

Please Check The Tax Deferred Annuity Plan That You Participate In:

The amount of salary reduction will be contributed as follows:

	Per Pay Period
___(1) Additional Reduction to TIAA-CREF Regular Annuity (RA) (TIR)	\$ _____
___(2) TIAA-CREF Pre-tax Group Supplemental Retirement Annuity (GSRA) (TIS) (This contribution is made prior to withholding Federal and State taxes)	\$ _____
___(3) TIAA-CREF Roth Group Supplemental Retirement Annuity (GSRA) (TID) (This contribution is made after withholding Federal and State taxes)	\$ _____
___(4) TIAA-CREF 457(b) Deferred Compensation Plan (T17)	\$ _____

The above contributions for tax-deferred annuities will not be in excess of the statutory exclusion allowance as established by regulation of the Internal Revenue Service.

Employee Signature

Date

I.S.U. Representative Signature

Date

FOR STAFF BENEFITS OFFICE USE

YTD Deferral: _____

Projected Deferral: _____

Age: _____

MEA: _____

Banner Deduction Code: _____

Effective Date: _____

Amount: _____

Processed by: _____ Date: _____