



**SUPPLEMENTAL RETIREMENT ANNUITY (SRA)  
SALARY REDUCTION AGREEMENT**

Effective the first day of \_\_\_\_\_, please reduce my monthly or bi-weekly base salary by the amount indicated below, beginning or change my contribution to my Supplemental Retirement Annuity and disburse it to TIAA-CREF to be invested as authorized by me on my TIAA-CREF enrollment form or the current instructions with TIAA-CREF.

**Contributions are limited as defined in IRS Publication 571 for Tax Sheltered Annuity Plans (403(b) Plans).**

**AMOUNT OF SALARY REDUCTION**

**Employee will make their contribution elections in increments of whole percentages.**

An additional percent \_\_\_\_\_% or amount \$\_\_\_\_\_, is to be contributed to my Supplemental Retirement Annuity from each payroll check.

**SUPPLEMENTAL RETIREMENT ANNUITY (SRA) ADDITIONAL DOLLAR AMOUNT CONTRIBUTION:**

I elect to contribute a dollar amount of \$\_\_\_\_\_, in addition to my percent contribution elected above. I understand that I must elect at minimum contribution rate of 1% for an applicable College contribution, as define above, to occur. This dollar amount must be in addition to an elected percent contribution.

**PLEASE SELECT ONE TO SHOW YOUR PAYROLL SCHEDULE:**

\_\_\_\_\_Bi-weekly Payroll      \_\_\_\_\_Monthly Payroll

**WAIVER OF PARTICIPATION**

\_\_\_\_\_ I elect to waive my option to participate in a supplemental retirement plan at this time. I understand that at any time through the year, I can elect to participate in a supplemental retirement plan and begin participation by submitting the necessary forms to the Department of Human Resources.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_