## 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 Agreem	ent
<b>A.</b> I agree to reduce my eligible consalary deferral contribution. (Generally	npensation by \$ each pay as a pre-tax limited to \$23,00 for 2024)
as a Roth contribution. (Limit	repensation by \$* each pay ted to \$23,000 per year for 2024)  may not exceed \$23,000 per year for 2024
Additionally, I agree to reduce my eligib	age 50 or will attain age 50 this calendar year ole compensation, in equal amounts each pay -up contribution. The maximum amount each
C. Total (A & B) per	r pay
The above authorization is effective with th retroactive)	e payroll beginning (may not be
My voluntary tax shelter contribution sh	nould be remitted to TIAA-CREF.
Section C. Signatures	
contributions exceed an applicable limit under the plan/program, and contributions set forth in my employer's plan/program. I further und contributions under the plan/program which, when added to elective	etermined to be catch-up contributions until my regular pre-tax salary deferral at that the amount of my salary reduction above may not exceed the limits of derstand that this agreement may not permit an aggregate amount of salary reduction deferrals made on my behalf to other plans (such as a 403(b) arrangement or a Internal Revenue code section 402(g). I understand that I may change the amount of accordance with the terms of my employer's plan/program.
X(Employee signature)	(Date)
(Employee signature)	(Date)
X(Human Resources Representative signature)	(Date)
()	\ <del>-</del> /