



DEFERRED COMPENSATION PLAN 457(b) VOLUNTARY SALARY DEFERRAL AGREEMENT

Please read the Informational Handout and the instructions on the back of this form before completing this agreement.

Identifying Information (Please see back page for assistance in completing this form)

Name:	
Employee Number (or SSN):	

By this Agreement, made between The Research Foundation for the State University of New York(RF) and the individual above, , the parties hereto agree as follows:

Calendar year: (check one)	<input type="checkbox"/> Current	<input type="checkbox"/> Next
Option: (check one)	<input type="checkbox"/> New	<input type="checkbox"/> Change <input type="checkbox"/> Renewal
Deduction Percentage	_____ %	

Designated Retirement Age

If you do not choose a retirement age when you begin to participate in the plan, the default will be age 65.

Choose one of the following. **The Retirement Age selected cannot be changed in the future.**

- _____ I am a new participant and will use the plan's normal retirement age of 65
- _____ I am a new participant and my choice of retirement age is _____ (must be between 65 and 70 ½)
- _____ I am not a new participant, so my normal retirement age has already been decided

Catch-Up Contribution

- _____ I am within 3 years of my designated Retirement Age and have not deferred the maximum amount in previous years.
- _____ I want to make the maximum Catch-Up Contribution. Please let me know what that amount will be.
- _____ I want to make the following Catch-Up Contribution: \$_____

This Agreement shall be legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid or otherwise made available while this agreement is in effect and acknowledges responsibility for assuring the amount through the RF and any other employer's plan does not exceed the limits as defined by the Internal Revenue Code. Either party may terminate or otherwise modify this Agreement as soon as administratively possible following receipt of satisfactory written notice of such modification or termination.

By signing this form, the Employee acknowledges receiving and reviewing the summary description for this Plan which outlines, among other things, restrictions on withdrawals of the amounts deferred. The Employee also understands that the amounts deferred are subject to the claims of the Employer's creditors in the event of the Employer's insolvency, and that the Employee's claim to such amounts has no greater status than those of any other general creditor of the Employer.

Date signed: _____ Employee Signature: _____

Date signed: _____ Research Foundation
Signature: _____

Title: _____

In the section...	item...	enter...
Identifying Information	Name	Name
	Employee Number or SSN	Enter your employee number which is found on your paystub. If you are a new employee or cannot locate your employee number then enter your SSN
Effective Calendar Year	Current, or Next	Check the box to indicate whether deductions should begin immediately (Current), or not until the calendar year following the date the form is signed (Next)
Option	New	Check if you are signing up for the Deferred Compensation plan for the first time
	Change	Check if you have an existing account and are making a change.
	Renewal	Check if you previously participated but are not currently and your contracts are still open at TIAA-CREF.
Deduction Percentage	% of gross biweekly salary	Percentage for which you want your biweekly salary reduced (up to 2 decimal places) Note: The total reduction amount cannot exceed the annual IRS limit. You should allow for enough net salary to cover payroll deductions for employee benefits, parking, etc.
Designated Retirement Age	Designated Retirement Age	Choose your retirement age
	Catch-up Contribution	If you are within 3 years of your Retirement Age and have not deferred the maximum in previous years, you have the option of making an additional catch-up contribution. This amount is the lesser of twice the annual limit in effect for the current plan year, or the annual limit plus the amount which could have been deferred in prior years of participation and was not
Date and Signature		Sign and date the agreement. The agreement will go into effect the month following the month in which your enrollment forms are submitted to your benefits administrator.