

**The College of St. Scholastica  
Duluth, Minnesota**

**AUTHORIZATION FOR SALARY REDUCTION  
FOR SUPPLEMENTAL RETIREMENT PLAN (TIAA-CREF)**

I, \_\_\_\_\_, do hereby authorize a reduction of my  
salary by the amount of \$\_\_\_\_\_\*\* per biweekly pay period (26 x per year)  
for a Supplemental Retirement Plan.

The effective date of this action is \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* This amount will produce a total Institution contribution that does not exceed the  
Employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is  
less. For employees age 50 and over, this amount will include any additional catch up  
contribution permitted under IRC 414(v).