



RETIREMENT PLAN ELECTION FORM

EMPLOYEE INFORMATION

Date Requested: _____ Employee ID _____
Employee Name: _____ Employee Date of Birth: _____
Department _____ Phone/Extension: _____

CONTRIBUTION LEVEL

The amount indicated below will be deducted from your pay beginning with the next pay period. You can make changes at any time by contacting the Payroll Office. The percentage of your paycheck reduction must be in whole % increments or you can choose the IRS maximum allowable contribution. You will receive separate instructions on how to choose your investment allocations from our record keeper TIAA-CREF and can also find additional information on plan options at tiaa-cref.org/augustana

Indicate your contribution level(s) below. The College will match the first 4% of employee deferrals.

- ☐ Pre-Tax Deferral Percentage _____%
- ☐ Roth (After Tax) Deferral Percentage _____%
- ☐ Non-Participant – no deferral or employer match 0%
- ☐ IRS Maximum: \$17,500
- ☐ Catch Up Elections. I am age 50 or over. My contribution elections above take into account the age 50 catchup contribution that is available to me.
- ☐ Total Contribution (Pre-Tax + Roth): _____%

I authorize Augustana College to reduce my pay effective the beginning of the next pay cycle following the date in which this agreement is executed. I understand this agreement is legally binding and changes will require completing additional forms and will become effective with the next pay cycle after the form is received by Augustana Human Resources. If my employment with Augustana ends, contributions will end automatically with my last paycheck.

Employee Signature

Date

FOR HUMAN RESOURCE USE ONLY

Date Received: _____

HR Signature: _____

Special Instructions: