

# Capital University

RETIREMENT BENEFITS with TIAA

Voluntary Salary Reduction Agreement

I, \_\_\_\_\_ (employee), authorize Capital University to reduce my "Eligible Earnings," as defined in the Capital University TIAA Voluntary Tax-Deferred Annuity Plan (the "Plan"), by the amounts indicated below and remit such amounts to TIAA on my behalf pursuant to the Plan.

I understand that this election supersedes all prior elections and shall be effective with respect to amounts paid on or after \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Date)

Indicate the account type and either a dollar amount or a percentage of eligible earnings

<input type="checkbox"/> <b>Tax-Deferred Annuity Plan (GSRA-150433)</b>  Before-Tax Election:  \$ _____ per pay period  <b>OR</b>  _____ % of Eligible Earnings  <i>If this is the first time contributions are being made to the Capital University Tax-Deferred Annuity Plan, then an account will need to be established online at <a href="http://www.tiaa.org/capital">www.tiaa.org/capital</a>.</i>	<input type="checkbox"/> <b>Tax-Deferred Annuity Roth Contribution Option (ROTH-150433)</b>  <b>After-Tax Election:</b>  \$ _____ per pay period  <b>OR</b>  _____ % of Eligible Earnings  <i>If this is the first time contributions are being made to the Capital University Roth Contribution Option, then an account will need to be established online at <a href="http://www.tiaa.org/capital">www.tiaa.org/capital</a>.</i>	<input type="checkbox"/> <b>Retirement Plan (GRA-150430)</b>  Before-Tax Election:  \$ _____ per pay period  <b>OR</b>  _____ % of Eligible Earnings
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I understand that my total annual contributions to the Plan cannot exceed the annual limit on such contributions, as imposed by the Internal Revenue Code, and that the Office of Human Resources will suspend the salary reductions when this limit has been met.

I understand that this Agreement is legally binding and irrevocable with respect to amounts paid while the Agreement is in effect and that I may amend the elections at any time with respect to future amounts.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE  
USE ONLY:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_