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 Agreement	
A. I agree to reduce my eligible compesalary deferral contribution. (<i>Generally lim</i>	ensation by \$ each pay as a pre-tax aited to \$22,500 for 2023)
I agree to reduce my eligible compete as a Roth contribution. (Limited *Combined Roth & pre-tax deferral may	· · · · · · · · · · · · · · · · · · ·
Additionally, I agree to reduce my eligible	50 or will attain age 50 this calendar year compensation, in equal amounts each pay contribution. The maximum amount each
C. Total (A & B) per pa	ay
The above authorization is effective with the paretroactive)	ayroll beginning (may not be
My voluntary tax shelter contribution should	ld be remitted to TIAA-CREF.
Section C. Signatures	
contributions under the plan/program which, when added to elective defer	the amount of my salary reduction above may not exceed the limits of nd that this agreement may not permit an aggregate amount of salary reduction rals made on my behalf to other plans (such as a 403(b) arrangement or a rnal Revenue code section 402(g). I understand that I may change the amount of
X	
(Employee signature)	(Date)
X	
(Human Resources Representative signature)	(Date)