



OFFICE OF HUMAN RESOURCES

**TIAA-CREF Authorization for Voluntary Salary Reduction**

By this agreement made between \_\_\_\_\_ and Utica College, effective for  
(PRINT NAME)  
amounts paid on or after the first day of \_\_\_\_\_, the employee's salary will be reduced by  
(DATE)  
the amount shown below.

*The Agreement is legally binding and irrevocable for both the institution and the employee with respect to the amount paid while the agreement is in effect. In addition, the employee may amend this Agreement for salary reduction **Four times** during the calendar year. However, either party may terminate this Agreement as of the end of any month by giving at least 30 days prior written notice.*

*The amount of salary reduction shall be a percentage of base salary or dollar amount per pay period, subject to the total Institution contribution on behalf of the employee for the year not exceeding the employee's statutory exclusion allowance under IRC section 403(b) or the limitations of IRC sections 415 or 402(g), whichever is the least.*

☐ **I elect not to participate in the voluntary salary reduction to a GSRA/RA**

(I understand that I may elect to participate on the 1<sup>st</sup> of any month during my employment thereafter.)

**NEW ACCOUNTS**

The amount designated below will be paid as contributions to the Employee's annuity contract(s). Please indicate by flat dollar amount or percentage the amount you wish to contribute to your Group Supplemental Retirement Account (GSRA) or Retirement Annuity (RA):

I will contribute \$ \_\_\_\_\_ per pay period or \_\_\_\_\_% of my salary to a: ☐ GSRA

If I elect to contribute on a percentage basis, please take my deduction(s) from the following:

☐ my eligible salary only (base salary) ☐ my cash salary earned (gross salary)

**TO CHANGE YOUR ACCOUNT**

To change contributions to an existing account please complete the following:

My current deduction is: GSRA \_\_\_\_\_ RA \_\_\_\_\_

Re-distribute my contributions as follows: GSRA \_\_\_\_\_ RA \_\_\_\_\_

If I elect to contribute on a percentage basis, please take my deduction(s) from the following:

☐ my eligible salary only (base salary) ☐ my cash salary earned (gross salary)

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

**Please Return To:** Utica College  
Office of Human Resources  
1600 Burrstone Rd.  
Utica, NY 13502

Accepted and Agreed to:

\_\_\_\_\_  
Authorized College Representative