Payroll Deduction Authorization for Supplemental 403b Retirement Accounts

Part A: To be completed by Employee

1. Employee Name:		2. (2. CWID:	
3a. Vendor:	TIAA-CREF	3b. Tax Option	Pr	e-Tax
	VALIC		Af	fter-Tax (Roth)
4. Amount to be contributed annually: (Check one option)		\$22,500 \$30,000 Annual Dollar Per Pay Amou Percentage An	Maximum Allowed* \$22,500 \$30,000 (If age 50 or older) Annual Dollar Amount: \$ Per Pay Amount: \$ Percentage Amount:% Stop/End Deduction	
9 Month Employe 10 Month Employ		n Employee (24 pay perio Employee (18 pay period n Employee (20 pay perion nth Employee (21 pay pe	ds)	
Voluntary deduction will start, change, or end on the next available pay period once form is received by the Payroll office. This deduction authorization will remain in force until otherwise instructed by a new Authorization Form.				
Signature:			Date:/_	/
Part B: To be completed by Payroll Office				
Next Available Pa Date	entered:/_ on Code:	_/ _/		
Signature:			Date:/	/

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