



Retirement Plan of Creighton University

2020 TIAA Salary Reduction Agreement

Section 1

For HR USE Only

Date Received _____ Hardship: Yes No
 Date Oracle Updated: _____ Previous Deferral %: _____ New deferral %: _____
 Effective for Pay Period: _____ Bi-weekly Monthly MO&FPC

Section 2

Completed by Employee

Print Name: _____ Employee ID: _____
 Phone #: _____ Email: _____

Under this Salary Reduction Agreement, the employee's salary will be reduced as elected below, and will take effect on the first eligible pay period following receipt of this form.

This agreement shall remain in effect as employment continues, until changed via a completion of a new Salary Reduction Agreement. I understand the plan sponsor may reduce my deferral when required to meet certain plan and IRS limits.

Select Deferral Percentage

1. Yes, I wish to contribute (includes all employee elective deferral contributions - previously known as supplemental and Basic) not to exceed the IRS limit of \$19,500 and the additional Catch-Up Contribution of \$6,500 (if applicable) for the calendar year of 2020.

<i>Designate your Pre-tax Elective Deferrals</i>	<i>Designate your Roth After-Tax Elective Deferral</i>
_____ %	_____ %

Note: If over you are over age 50 and wish to contribute an extra \$6,500 (IRS catch-up contribution) please include this in the total % above.

Employee Signature (Please Sign)

Employee Name (Print): _____ Date: _____

Employee Name (Signature): _____