AUTHORIZATION FOR PAYROLL DEDUCTIONS

FOR TIAA-CREF

RETIREMENT PLANS PREMIUMS

1. _____ _____

Last Name First Name Middle Name/Initial Social Security #

2. Retirement Plan Contributions

Please make periodic deductions from my salary equal to _____% of my gross salary beginning _____ for the purchase of retirement benefits in TIAA-CREF non cashable Retirement Annuities under the provisions of the TIAA-CREF Retirement Plan.

3. Additional Personal contributions

Note: This section should be completed only if your institution allows additional personal contributions to be made by salary deductions.

Please make additional deductions of $_____ or _____% from my salary beginning _____ for the purchase of additional retirement benefits in TIAA-CREF noncashable Retirement Annuities

4. _____ _____

Signature Date

RETURN THIS COMPLETED FORM TO HUMAN RESOURCES,
NOT TO TIAA-CREF

Waiver of coverage: By completing this section, I acknowledge that I was given the opportunity to enroll in TIAA-CREF offered by my employer.

I understand that if I later wish to enroll in TIAA-CREF, I will be required to submit an Enrollment Form and payroll deduction authorization to Human Resources.

_____ _____

Signature Date