

**Payroll Deduction Authorization
for
Supplemental 403b Retirement Accounts**

Part A: To be completed by Employee

1. Employee Name: _____ 2. CWID: _____

3a. Vendor:	TIAA-CREF	3b. Tax Option	Pre-Tax
	VALIC		After-Tax (Roth)

4. Amount to be contributed annually: (Check <u>one</u> option)	Maximum Allowed \$20,500 \$27,000 (If age 50 or older) Annual Dollar Amount: \$ _____ Per Pay Amount: \$ _____ Percentage Amount: _____% Stop/End Deduction
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5. Number of pay periods:

- 12 Month Employee (24 pay periods)
- 9 Month Employee (18 pay periods)
- 10 Month Employee (20 pay periods)
- 10 ½ Month Employee (21 pay periods)

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

Date Received: ____/____/____
 Next Available Pay Date: ____/____/____
 Date entered: ____/____/____
 Deduction Code: _____
 Per Pay Deduction Amount: \$ _____

Signature: _____ Date: ____/____/____

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