

SALARY AGREEMENT FORM
RETIREMENT PROGRAMS, IRS 403(b) /415 OR 457(b)
The University of Alabama in Huntsville

BI-WEEKLY CONTRIBUTION

(Percent or Dollar Amount)

Employee UAH

TIAA/CREF:

1. _____ **Retirement Annuity (RA) Salary Deduction Plan:** Contribution moneys which **have been taxed** and will not be taxed when withdrawn as retirement income.
(Code on bi-weekly check stub is **RA Ded D=Dollar** or **RA Ded P=Percent**)

2. _____ **Retirement Annuity (RA) Salary Reduction Plan:** Contribution moneys which have been **tax-deferred** and will be taxed when withdrawn as retirement income.
(Code on bi-weekly check stub is **RA Red D=Dollar** or **RA Red P=Percent**)

3. _____ **Supplemental Retirement Annuity (SRA):** Contribution moneys which have been **tax-deferred** and will be taxed when withdrawn as retirement income.
(Code on bi-weekly check stub is **SRA EE D=Dollar** or **SRA P=Percent**)

_____ **ANNUAL GOAL AMOUNT FOR 403(b) (if applicable)**

TIAA 457(b) PLAN:

4. _____ **Deferred Compensation, Employee-Only Contribution.**

_____ **ANNUAL GOAL AMOUNT for TIAA 457(b) (if applicable)**

- I understand that The University will **match TIAA/CREF employee contributions, from 1% to 5% of salary, either as a percentage or a dollar amount.**
- The amount by which my UAH salary may be reduced (tax-deferred) is subject to the statutory exclusion allowance under Section 403(b) and the limitations of Section 415 and 457(b) of the Internal Revenue Code.
- The 2007 IRS limit for 403(b) tax deferrals is \$15,500 (\$20,500 for individuals age 50 and over.)
- This agreement will continue in effect while employment continues or until terminated by either party by giving thirty (30) days written notice.
- Participation with more than one plan is permissible
- I ASSUME FULL RESPONSIBILITY FOR AUTHORIZING THE LEVEL OF SALARY REDUCTION (TAX DEFERRALS) AND ACCEPT ANY TAX CONSEQUENCE WHICH MAY RESULT FROM MY PARTICIPATION.

Date for Contribution to Begin: _____ **Employee #: A** _____

Signature: _____ **Printed Name:** _____

Date: _____

Employee Benefits Office

Authorized UAH Official: _____ **Date:** _____