

**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Annuity (RA) Salary Deduction Plan:** Contribution moneys which **have been taxed** and will not be taxed when withdrawn as retirement income.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Annuity (RA) Salary Reduction Plan:** Contribution moneys which have been **tax-deferred** and will be taxed when withdrawn as retirement income.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 **Supplemental Retirement Annuity (SRA):** Contribution moneys which have been **tax-deferred** and will be taxed when withdrawn as retirement income.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 2008 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:** \_\_\_\_\_