Syracuse University
Human Resources

hrservice@syr.edu

Authorization for Salary Reduction for the 457(b) Deferred Compensation Plan

I, _____ (please print), authorize Syracuse University (the "University"), to reduce my "Eligible Earnings," as defined in the 457(b) Deferred Compensation (the "Plan"), by the amounts indicated below and remit such amounts to TIAA on my behalf pursuant to the Plan.

Enter either a dollar amount or a percentage of Eligible Earnings.

Before-Tax Election: $ _____ per pay period OR _____ % of Eligible Earnings

I understand that my total annual contributions to the Plan cannot exceed the annual limit on such contributions, as imposed by the Internal Revenue Code, and that the Office of Human Resources will suspend the salary reductions when this limit has been met.

Elections can be no earlier than the first day of the month following the date this Agreement is received by the University's Office of Human Resources. I understand that this election supersedes all prior elections and shall be effective as indicated below provided all other requirements of the Plan are fulfilled.

_____ (mm/yyyy)

I understand that this Agreement is legally binding and irrevocable with respect to amounts paid while the Agreement is in effect and that I may amend the elections at any time with respect to future amounts. I further understand my ability to make future contributions is subject to my continued eligibility to participate in the Plan.

Employee's SUID: _____

Employee's Signature: _____ Date: _____

Return this form to:
HR Shared Services
hrservice@syr.edu
Phone: 315.443.4042 Fax: 315.443.1063
621 Skytop Road, Suite 1001, Syracuse, New York 13244

Accepted and Agreed to:
Syracuse University

By: _____
Date: _____