

**TIAA Supplemental Retirement Plan  
Salary Reduction Agreement**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

KVCC Email \_\_\_\_\_ Valley ID Number \_\_\_\_\_

**This election will be effective as soon as administratively possible. If a specific pay date is requested, please enter date here \_\_\_\_\_**

Check the applicable box(es) and indicate the dollar amount or percentage per pay period

<b>403(b)</b>	Pre-tax	New	Update	Suspend	_____	OR	_____
	After tax (Roth)	New	Update	Suspend	_____	OR	_____

<b>457(b)</b>	Pre-tax	New	Update	Suspend	_____	OR	_____
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I understand that this agreement affects contributions from my paychecks on dates after it is received by Kalamazoo Valley Community College and that contributions will not be retroactive. **Contributions will be sent to TIAA.** I understand that my salary reduction will begin with the first pay period following receipt of this agreement by KVCC, unless I specify a later date. I also understand that this agreement will remain in effect until I complete a new agreement or until I reach the plan limit on contributions. I understand that I am solely responsible for the gains and losses resulting from my investment elections.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date Signed

**Please return to Rebecca (Becky) Craft - Kalamazoo Valley Community College Human Resources**

Email: rcraft@kvcc.edu

**HR USE ONLY:**

Banner Entry Date

Deduction Code

Entered by

Deduction Code

403(b) Limit

457(b) Limit