ST. MARY'S COLLEGE OF MARYLAND Deduction Authorization Form for Enrollment/Change/Cancellation in: TIAA-CREF 457(b) Supplemental Retirement Plan (SRA)

Please print or type all information in BLACK INK for electronic imaging.

	Pay	roll	Sys	terr	ı — (Che	ck C	Dne	: Regular		University of Maryland
Human	Reso	urce	s/Pa	ayrol	ll Ag	ency	y Co	de			
(See yo	ur pa	y sti	ıb fo	or thi	is inf	form	ation)	Institution Name (Pla	ice of Employme	nt)
Social S	ecuri	ity N	umb	er					Employee Name		

Important Notes: This form is used to establish or change the employee's elected contribution amount for biweekly deductions. This form is valid only when signed by both the employee and the Institution Benefits Coordinator.

Deduction Action Requested	Name of SRA Plan	CPB Deduction Code	Payroll Cycle
Initiate	TIAA 457(b)	BS	
Change	Employee Total Biwe	eekly Deduction Amount	Deduction will begin on the next available pay
	Current Amount	\$	period upon receipt of this form at the State
	New Amount	\$	Central Payroll Bureau.

Effective upon receipt at the State Central Payroll Bureau, I authorize the State of Maryland to deduct from my salary the above amount and forward it to the company listed. This authorized amount is to continue until a change is submitted by me to my Institution Benefits Coordinator on a new authorization form. Timing for the application of this action is dependent upon when it is received by the State Central Payroll Bureau.

Employee's Signature

Date

Place of Employment

(In the case of an initial enrollment, my signature below assures that I have forwarded an <u>employee-signed 457(b)</u> <u>enrollment form</u> to the TIAA-CREF vendor, prior to this form being submitted to the Office of Human Resources/Central Payroll Bureau. Upon receipt of the form, the vendor shall notify the Benefits Coordinator immediately via FAX.)

Benefits Coordinator's Signature

Date