

## UNIVERSITY SYSTEM OF MARYLAND EMPLOYEES

## 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.

Payroll System – Check One: Regular Contract University of Maryland											
Human Resources/Payroll Agency Code											
(See your pay stub for this information) Institution Name (Place of Employment)											
Social Security Number 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	Deduction will begin on the next available pay		
Change	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. In the case of an initial enrollment, upon receipt of the funds, the vendor shall establish an account with a LifeCycle Fund.

Employee's Signature

Date

Place of Employment

(In the case of an initial enrollment, my signature below assures that <u>I will be sending this form</u> to the UM System Payroll/Central Payroll Bureau. Upon receipt of the funds from CPB, the vendor shall establish an account with a LifeCycle Fund and notify the employee immediately via mail.)

Benefits Coordinator's Signature

Date

Benefits Coordinator's Phone Number