

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 Age	·	(Place of Employment)		
Social Security Number Employee Name				
Important Notes: This for amount for biweekly deduced institution Benefits Coordinates	ctions. This form is vali			
Deduction Action Requested	Name of SRA Plan	CPB Deduction Code	Payroll Cycle	
Initiate Change Cancel	TIAA 457(b)	BS		
	Employee Total Biweekly 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. 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 Emp	Place of Employment	
	u. Upon receipt of the funds	sures that <u>I will be sending this</u> from CPB, the vendor shall est		
Benefits Coordinator's Signature		 Benefits Coo	Benefits Coordinator's Phone Number	