

**Employee Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

***This Salary Reduction Agreement replaces and cancels all previous agreements on file.***

- If you are changing the amount of a 457(b) plan through NDPERS do not use this form.
- Please note if this is a NEW 403(b) or 457(b) account with TIAA, an application must be completed online at tiaa.org.

I authorize the North Dakota State University to reduce my monthly basic salary to allow for the purchase of a 403(b) or 457(b) supplemental retirement benefit on my behalf and to remit the designated amounts to the provider(s) indicated below. Contributions to a 403(b) will produce a total Institution contribution that does not exceed the employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less.

Contributions to a 457(b) will produce a total deferral that does not exceed the applicable limitations of Internal Revenue Code Section 457(b) and Internal Revenue Code Section 414(v).

Effective Pay Date (select from drop-down list)	Provider	Amount Per Pay Period (dollar amount or percent)	
	TIAA 403(b) (pretax) Supplemental Retirement Annuity Contract	\$	%
	TIAA Roth 403(b) (after tax) Supplemental Retirement Annuity Contract	\$	%
	TIAA 457(b) Deferred Compensation Plan	\$	%
	Retirement Annuity Company: <i>(enter name below)</i> <i>(as approved by the North Dakota State University agreement)</i>	\$	%

I understand that I bear the risk of the performance of the product of my choosing, that North Dakota State University has no fiduciary responsibilities in this area, and that The North Dakota State University is not liable for any tax consequences occurring under these programs. This agreement shall be legally binding and irrevocable for the Institution and the Employee while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any pay period by giving written notice so that this Agreement will not apply to salary subsequently paid.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
NDSU HR/Payroll Review Signature Date

**Route this original form to:**

**Human Resources/Payroll**  
SGC 102 or  
NDSU Dept 3140  
PO Box 6050  
Fargo, ND 58108-6050

Phone: (701) 231-8961