403(b) Retirement Plan – PT Faculty ENROLL – It’s as Easy As 1-2-3

STEP 1 – PLAN HIGHLIGHTS (see page 2)

Who is Eligible to make Employee Contributions to the Plan?
Employees who are Part-Time Faculty, represented by AFT Local 477, AFL-CIO, and (1) you have 2 Years of Service as a Part-Time Faculty at WSU and (2) there is a reasonable expectation that you will teach at least one full semester course in each of the Fall 2010 and Winter 2011 semesters.

When am I Eligible to make Employee Contributions to the Plan?
You may start your Employee Contributions any time after your date of hire in an eligible classification.

STEP 2 - SALARY REDUCTION AGREEMENT (see page 3)

You must complete a WSU 403(b) Retirement Plan Salary Reduction Agreement for PT FACULTY ONLY and FAX or MAIL it to Total Compensation & Wellness (TCW). This form authorizes your payroll deduction. Your payroll deduction cannot be processed until you have also completed the Enrollment with an Investment Carrier (see Step 3).

FAX (313) 577-0637

Wayne State University
Total Compensation & Wellness (TCW)
5700 Cass Avenue, Suite 3638
Detroit, MI 48210

STEP 3 - ENROLLMENT WITH INVESTMENT CARRIER ===============

Enroll Online! If you enroll on-line, there will be no delay in starting your Contributions – Once you enroll, you will receive a Welcome Packet from the Investment Carrier (at your home address) which will provide a PIN number and will explain how to manage your account on-line.

TIAA-CREF ENROLLMENT
Website: http://www.tiaa-cref.org/wayne
SUPPLEMENTAL RETIREMENT ANNUITY (GSRA)
Access Code: WSUSUPP
Plan No is 103168

FIDELITY ENROLLMENT
Website: http://plan.fidelity.com/waynestateuniversity
The Plan ID Number is 52864.
WSU 403(b) Retirement Plan – PT Faculty Highlights

This Plan permits Employee Contributions immediately after you are eligible, but you do not receive University Contributions.

<table>
<thead>
<tr>
<th>Start Date for Employee Contributions</th>
<th>Any time after date of hire</th>
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<tbody>
<tr>
<td>Employee Contribution Amount</td>
<td>1% minimum, in increments of 1%, to a maximum under IRS rules Fully vested at all times</td>
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### 403(b) Retirement Plan CONTACT INFORMATION

There are several ways to get help or information about the 403(b) Plan, as shown on the chart below. Individual Consultants from the Investment Carriers regularly come to the WSU campus to hold appointments and will also make arrangements to meet with the employee and their spouse/partner.

<table>
<thead>
<tr>
<th></th>
<th><strong>TIAA-CREF</strong></th>
<th><strong>Fidelity Investments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.tiaa-cref.org/wayne">http://www.tiaa-cref.org/wayne</a></td>
<td><a href="http://plan.fidelity.com/waynestateuniversity">http://plan.fidelity.com/waynestateuniversity</a> Plan Number 52864</td>
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<tr>
<td><strong>Telephone help</strong></td>
<td><strong>Call 1-800-842-2776</strong>&lt;br&gt;Mon through Fri 8AM to 11PM EST&lt;br&gt;Sat and Sun 9AM to 6PM EST&lt;br&gt;--Enter 0 for live person</td>
<td><strong>Call 1-800-343-0860</strong>&lt;br&gt;Mon through Fri 8AM to 12PM EST&lt;br&gt;--Enter 0 for live person</td>
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<tr>
<td><strong>Face–to–face counseling</strong></td>
<td>You can make an appointment via the website at <a href="http://www.tiaa-cref.org/moc">www.tiaa-cref.org/moc</a>&lt;br&gt;or you can call 1-800-732-8353&lt;br&gt;Mon through Fri 8AM to 6PM EST</td>
<td>You can make an appointment via the website at <a href="http://www.fidelity.com/atwork/reservations">www.fidelity.com/atwork/reservations</a>&lt;br&gt;or you can call 1-800-642-7131&lt;br&gt;Mon through Fri 8AM to 12PM EST</td>
</tr>
</tbody>
</table>
1 TYPE OF ACTION

NEW ENROLLMENT:

I have completed the TIAA-CREF Enrollment Form: On-Line _________ Paper (attached) _________
I have completed the Fidelity Enrollment Form: On-Line _________ Paper (attached) _________
My Date of Hire is (MM/DD/YYYY) _________ and My Date of Birth is (MM/DD/YYYY) _________

CHANGE:

[ ] ____ of Contribution % and/or ______ CHANGE of Investment %
[ ] ____ CANCEL all my Employee Contributions, beginning with the pay date after this form is received by TCW.

2 EMPLOYEE CONTRIBUTIONS

BASE RETIREMENT PLAN

I request to make Employee Contributions of _________% (whole percentages) each pay date and allocate these to the following Investment Carriers:

_____ % TIAA-CREF (BR3)
_____ % Fidelity Investments (BR2)
100 % TOTAL

If you elect to contribute to TIAA-CREF, your contributions will be allocated to the TIAA-CREF GSRA - Group Supplemental Retirement Annuity (BR3).

4 AGREEMENT - I understand and agree to the following terms and conditions:

- I am a Part-Time Faculty employee of Wayne State University, represented by AFT Local 477, AFL-CIO, and (1) I have 2 Years of Service as a Part-Time Faculty at WSU and (2) there is a reasonable expectation that I will teach at least one full semester course in each of the Fall 2010 and Winter 2011 semesters.
- This Salary Reduction Agreement affects contributions from my pay checks on dates after this Agreement is received by TCW. I understand that contributions will not be retroactive.
- The amount of by which my WSU earnings may be reduced is subject to limitations in Sections 402(g) and 415 of the Internal Revenue code. For employees age 50 and over, this amount will include any additional catch-up contributions permitted under IRC 414(v).
- This Salary Reduction Agreement will remain in effect until I complete a new agreement or until it is determined that this salary reduction will cause me to exceed the plan limits on contributions.
- I understand that once I enroll and start contributing to the Plan, in order to change, stop or restart my Employee Contributions, I must complete a new 403(b) Salary Reduction Agreement.
- This Salary Reduction Agreement shall be legally binding while my employment continues; however, either party may terminate or otherwise modify this Agreement. The University may lower or cancel my contributions to keep my contributions within the limits of the Internal Revenue Code.

Signature: _______________________________ Date: _______________________________

RETURN THIS FORM TO TCW: FAX (313) 577-0637 8/2010