

# WAYNE STATE UNIVERSITY

## 457(b) Plan Salary Deferral Agreement

PRINT NAME (Last, First Middle Initial):		
Banner ID or Social Security No:		E-mail Address:

### 1 TYPE OF ACTION (Check appropriate box or fill in the blank)

<input type="checkbox"/>	NEW ENROLLMENT:	I have also completed the Enrollment with	<input type="checkbox"/>	TIAA-CREF	<input type="checkbox"/>	Fidelity
<input type="checkbox"/>	CHANGE TO EXISTING ENROLLMENT					

### 2 CONTRIBUTION ELECTION (Contribution %)

457(b) PLAN -- TIAA-CREF or Fidelity	I request to make Employee Contributions of _____% (whole percentages) of gross pay.
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### 3 INVESTMENT ELECTION (Investment %)

<input type="checkbox"/>	ALLOCATE my Employee Contributions to the following Investment Carriers: _____% to TIAA-CREF (BR4) _____% to Fidelity Investments (BR5) <b>100% TOTAL</b>
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### 4 AGREEMENT

I understand and agree to the following terms and conditions:

- Your contributions will be effective on the first pay date of the next month after the form is received by TCW.
- The amount 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 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.
- This 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:
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Total Compensation and Wellness, Suite 3638 A/AB, 5700 Cass Ave, Detroit, MI 48202  
**Send to: Fax: (313) 577-0637 or Email: fp6399@wayne.edu**