

**University of North Dakota**  
**SALARY REDUCTION AGREEMENT**  
**403(b), 403(b) Roth or 457(b) Supplemental Retirement Annuity**

<b>Name: Last</b>	<b>First</b>	<b>MI</b>	<b>Employee ID #</b>
<b>Daytime Telephone #</b>	<b>Department</b>	<b>Stop Number</b>	<b>Fax #</b>

*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 (tiaa.org/und) or contact the Payroll Office for a paper application.**

I authorize the University of North Dakota 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	Provider	Amount Per Pay Period (dollar amount or percent)	
	TIAA <b>403(b) (pretax)</b> Supplemental Retirement Annuity Contract	\$	%
	TIAA <b>Roth 403(b) (after tax)</b> Supplemental Retirement Annuity Contract	\$	%
	TIAA <b>457(b)</b> Deferred Compensation Plan	\$	%
	Retirement Annuity Company Name: (as approved by the University of North Dakota Agreement)	\$	%

I understand that I bear the risk of the performance of the product of my choosing, that The University of North Dakota has no fiduciary responsibilities in this area, and that The University of North Dakota 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.

<b>Employee Signature</b>	<b>Date</b>
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Please contact the Payroll Office at 777-2157, if you have questions concerning this form.

**Please send original to UND Payroll Office, Stop 7127, Grand Forks, ND 58202**