



TAX-SHELTERED ANNUITY 403(b) PROGRAM
SALARY REDUCTION AGREEMENT

Employee Information

Name _____ Personnel Number _____
Last First MI (located on pay advice)
Campus Address _____ Zip Code _____
Campus Phone _____ Email Address _____

Salary Reduction Agreement

I agree to reduce my compensation paid effective with respect to amounts earned on or after the first day of _____, 20____, which date is subsequent to the date of this agreement, from the University of Nebraska by _____ (percent of compensation or dollar amount) per pay period for the purpose of having such reduced compensation amounts contributed by the University as salary reduction contributions to the Custodial Account or Annuity established on behalf of and designated by me pursuant to the University=s tax sheltered annuity or custodial account program.

This Salary Reduction Agreement shall continue for succeeding calendar years until I or the University amend or terminate it. Any amendment or termination must be in writing.

The Salary Reduction Agreement may be terminated or amended at any time by either me or the University with respect to compensation paid following the date of the amendment or termination of the agreement.

In no event shall total salary reduction contributions (other than catch-up contributions) pursuant to this Agreement and pursuant to a tax-sheltered arrangement maintained by an employer affiliated with the University of Nebraska exceed the annual additions limitations of Internal Revenue Code Section 415(c) or the limits on elective deferrals of Internal Revenue Code Section 402(g).

It is understood the amount described above will be allocated between (a), or (b) as elected below.

- (a) _____ (percent or dollar amount) to TIAA-CREF Supplemental Retirement Annuity (cashable).
(b) _____ (percent or dollar amount) to Fidelity Investments.

The sum of (a) and (b) must equal the amount of the reduction in compensation elected above.

Employee Signature

Date