



**MORGAN STATE UNIVERSITY**

**SUPPLEMENTAL RETIREMENT ANNUITY  
SALARY REDUCTION AGREEMENT UNDER SECTION 403(b)**

I, \_\_\_\_\_ SS # \_\_\_\_\_,

elect to participate in the supplemental retirement annuity plan offered by the following company:

**Please choose one action:**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Enroll | <input type="checkbox"/> TIAA-CREF  |
| <input type="checkbox"/> Change | <input type="checkbox"/> MD Nationwide Retirement Solutions (formerly PEBSCO) |
| <input type="checkbox"/> Cancel |   |

To this supplemental retirement annuity account, I elect to contribute \$ \_\_\_\_\_, bi-weekly.

This contribution amount will continue in subsequent calendar years if a new salary reduction agreement is not received. Please note that if this contribution is not being taken over 26 paychecks, an adjustment will be necessary the following calendar year in order to avoid over-withholding.

This salary reduction will begin with the paycheck issued on \_\_\_\_\_, 20 \_\_\_\_\_, or on such later date as may be appropriate due to required payroll procedures. A maximum exclusion allowance calculation is attached to verify this withholding amount.

Please note that if your annual contribution exceeds 5% of your annual base salary, a maximum exclusion allowance calculation must be attached in order for this request to be processed.

In signing this form, I am also giving the University the authority to release employment information to the company selected above for the purposes of monitoring compliance of my account(s) with IRS regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSU Representative: \_\_\_\_\_ Date: \_\_\_\_\_