

Internal Use Only

Approved by: _____ Effective date for HRIS assignment: _____ Date enrollment completed: _____

Last First M.I.

Employee I.D.: _____

Please indicate dollar amount to be deducted from each paycheck: _____

TIAA-CREF

Action to Take
 Change in Prior Enrollment
 Cancellation of Salary Reduction
 Initial Enrollment

Choose Payroll Start or Stop Effective Date: _____

*For salary employees, date must be 1st or 16th day of the month.
 *For hourly employees, date must be 9th or 23rd of the month.

- BY THIS AGREEMENT, made between the Employee and CSUDH Foundation, IT IS AGREED, the Employer will contribute the amount of salary reduction to the Employee's annuity contract(s) or custodial account(s), which is to be purchased at the request of the Employee under a voluntary program made available by the Employer. It is understood that it is the Employee's responsibility to ensure that the total Employer contribution does not exceed the Employee's statutory limitations under Internal Revenue Code Sections 415, 402(g) and 414(v), as amended.
- The Employee agrees that the Employer shall in no way be liable to him/her or his/her successors for any money damages which might arise from the Federal or State tax consequences or State Retirement consequences of his/her participation in a tax-deferred annuity plan, and consistent therewith, the Employee further agrees to save and hold harmless the Employer from any such money damages.
- This Agreement is legally binding and irrevocable for both the Employer and the Employee with respect to amounts earned while the Agreement is in effect, however either party may terminate this Agreement at any time with respect to salary not yet earned. The Agreement will not apply to salary earned after the Agreement is terminated.
- This Agreement replaces and cancels all previous Agreements on file. After the effective date of this Agreement, only the contributions to the Company selected above will continue.
- Effective for compensation payable on or after the effective date of this agreement which is subsequent to this agreement, the Employee's pay will be reduced by the percentage indicated above.
- The Employer agrees to pay the amount designated above as contributions to the Employee's account established with the above selected Company(ies).

SIGNATURES

Employee Date E-mail Phone Number

Keep a copy for yourself and return the completed form to CSUDH Foundation Human Resources, 1000 E. Victoria St., SCC 202, Carson, CA 90747