Augustana College

RETIREMENT PLAN ELECTION FORM

EMPLOYEE INFORMATION

Employee Name: _____ Employee ID: _____

Department _____ Phone/Extension: _____

Please apply these changes on the next applicable payroll: ☐ Please apply these changes on this date: _____

CONTRIBUTION LEVEL

You can make changes at any time by contacting the Payroll Office. The percentage of your paycheck reduction must be in whole % increments. To view the contribution limits please go to IRS.gov. If you are 50 or over, you may be eligible for catch-up contributions. Please go to IRS.gov for limits that may apply to you. Please visit TIAA's website to find additional information on plan and investment options at **www.tiaa.org/augustana .**

Please indicate your contribution percentage(s) below.

☐ **Pre-Tax Deferral Percentage ____%**

☐ **Roth (After Tax) Deferral Percentage ____%**

☐ **Non-Participant – no deferral or employer match 0%**

☐ **Total Contribution (Pre-Tax + Roth): _____%**

I authorize Augustana College to reduce my pay on the first applicable pay period following the effective date of change that I have entered above. I understand this agreement is legally binding, and if I wish to change my election, I will complete a new form that will become effective with the next pay cycle after the form is received by Augustana Human Resources. I understand that if I am contributing less than 10%, my election will automatically be increased by 1% at the start of each new plan year (January 1) until my election reaches 10%. If my employment with Augustana ends, contributions will end automatically with my last paycheck.

Employee Signature **Date**

FOR HUMAN RESOURCE USE ONLY

Date Received: _____

HR Signature: _____