



AGREEMENT FOR SALARY REDUCTION UNDER SECTIONS 457(b) and/or 403(b)

I hereby elect the following tax sheltered annuity (please read and sign the agreement):

Name: _____ M# _____

By this agreement, made between Michigan Technological University (the "Employer") and _____ (the "Employee"), the parties hereto agree as follows:

Effective with respect to amounts paid or otherwise made available on or after _____, 20__, which date is subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount indicated and paid to the vendor indicated below.

This agreement shall be legally binding for both the Employer and the Employee with respect to amounts paid or otherwise made available while this Agreement is in effect. Either party may modify or otherwise terminate this Agreement as of the first pay period commencing with receipt of satisfactory written notice of such modification or termination by giving at least 15 days written notice so that this Agreement will not apply to amounts subsequently paid or otherwise made available.

If a goal is set, the deduction will stop automatically when that goal is reached. If a goal is placed on this form, Employee must also determine the amount per pay period. Incomplete forms will be returned to the Employee. If no goal is set, the deduction will continue until you stop or change it.

457(b)	403(b)
<i>Amount per pay period:</i>	<i>Amount per pay period:</i>
____ 304 TIAA/CREF Flat Cash Amount \$ _____	____ 300 TIAA/CREF Flat Cash Amount \$ _____
____ 305 TIAA/CREF Percentage _____%	____ 301 TIAA/CREF Percentage _____%
____ 322 Fidelity Flat Cash Amount \$ _____	____ 320 Fidelity Flat Cash Amount \$ _____
____ 323 Fidelity Percentage _____%	____ 321 Fidelity Percentage _____%
Goal \$ _____	Goal \$ _____

Employee Signature

Date

Benefits Office Use Only

HR _____ Date: _____

Banner: PDAEDN Initials _____ Date _____ Fidelity Initials _____ Date _____

Start Date _____ End Date _____