UNIVERSITY SYSTEM OF MARYLAND EMPLOYEES

Deduction Authorization Form for Enrollment/Change/Cancellation in:

TIAA-CREF 403(b) Supplemental Retirement Plan (SRA)

Please print or type all information in BLACK INK for electronic imaging.

Payroll System – Check One: ☐Regular ☐Contract ☐University of Maryland

Human Resources/Payroll Agency Code

(*See your pay stub for this information*)

Institution Name (Place of Employment)

Social Security Number

Employee Name

Important Notes: This form is used to establish or change the employee's elected contribution amount for biweekly deductions. This form is valid only when signed by both the employee and the Institution Benefits Coordinator.

Deduction Action Requested	Name of SRA Plan	CPB Deduction Code	Payroll Cycle
☐ **Initiate** ☐ **Change** ☐ **Cancel**	**TIAA 403(b)**	**40**	Deduction will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.
	Employee Total Biweekly Deduction Amount		
	Current Amount $		
	New Amount $		

Effective upon receipt at the State Central Payroll Bureau, I authorize the State of Maryland to deduct from my salary the above amount and forward it to the company listed. This authorized amount is to continue until a change is submitted by me to my Institution Benefits Coordinator on a new authorization form. Timing for the application of this action is dependent upon when it is received by the State Central Payroll Bureau. In the case of an initial enrollment, upon receipt of the funds, the vendor shall establish an account with a LifeCycle Fund.

Employee's Signature | Date | Place of Employment

(In the case of an initial enrollment, my signature below assures that I will be sending this form to the UM System Payroll/Central Payroll Bureau. Upon receipt of the funds from CPB, the vendor shall establish an account with a LifeCycle Fund and notify the employee immediately via mail.)

Benefits Coordinator's Signature | Date | Benefits Coordinator's Phone Number