



# VINCENNES UNIVERSITY

## TIAA-CREF SALARY REDUCTION AGREEMENT

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**EMPLOYEE NAME:**

\_\_\_\_\_

**SOCIAL SECURITY NUMBER:**

\_\_\_\_\_

**PAYROLL EFFECTIVE DATE:**

\_\_\_\_\_

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**PLEASE DEDUCT THE FOLLOWING FROM MY BI-WEEKLY PAYCHECK:**

**457(b) DEFERRED COMPENSATION PLAN REDUCTION AMOUNT (R57):**

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

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**PLEASE DO NOT TAKE A BI-WEEKLY TIAA-CREF REDUCTION AT THIS TIME**

**SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**THIS AUTHORIZATION IS VALID UNTIL YOU COMPLETE A NEW FORM.  
COMPLETED FORMS SHOULD BE SUBMITTED TO THE PAYROLL OFFICE.**