

TIAA-CREF SALARY REDUCTION AGREEMENT (SRA) UNDER SECTION 403(b)

The Salary Reduction Agreement (SRA) is used to establish, change, or cancel salary reductions withheld from your paycheck and contributed to the 403(b) Plan on your behalf. The SRA is **NOT** used to change the investment providers that receive your contributions. Please note that this form is not valid unless all applicable sections are completed and you have signed the form. Please submit the original to Human Resources.

Your request will be processed within five (5) business days upon receipt of an accurately completed form. The change will be effective the first payroll after receipt by your employer's payroll office. (Changes can take up to two pay cycles.)

The maximum contribution for plan year 2026 is \$23,500 for participants under 50 years of age. If you are age 50 or over, you can make additional catch-up contributions (for 2025, the IRS limit is \$7,500). The 2026 IRS Retirement yet TBD

PERSONAL INFORMATION

Employee name			
Social Security #		Ce	II#
Date of birth (Format:	: MM/DD/YYYY)		
	cel and replace	• •	nitted SRA. The salary reductions action performed starting on the
		% per-pay period. ements of whole perc	
I would like to con	tribute \$	per-pay period.	
(CATCH-UP only)	I would like to c	ontribute \$	pre-pay period

I would like	o stop my % contribution to the TIAA-CREF plan.
I would like	to stop my \$ contribution to the TIAA-CREF plan.
I would like t	o stop my CATCH-UP contribution to the TIAA-CREF plan.
College's retiremen can elect to particip	ot to contribute and elect to waive my option to participate in the t plan at this time. I understand that at any time through the year, I pate in the retirement plan and begin participation by submitting the the Department of Human Resources.
	tion: Centenary College of Louisiana matches employee pre-tax r 403(b) each pay period, up to the first five (5) percent (%) of
my employer 2. This Agreem 3. The Agreem available whi 4. The Agreem paid or availa 5. Nothing here 6. This Agreem I authorize the au event of any of the third- party adminis- under Code Section	gree to the following: Reduction Agreement (Agreement) is an agreement between me and that I have entered into voluntarily. ent supersedes and replaces all prior Salary Reduction Agreements. ent is legally binding and irrevocable with respect to amounts paid or le this agreement is in effect. ent may be terminated or modified at any time for amounts not yet
understand that by	understand the information contained of this Agreement. I making this application the release of my confidential information to occur as necessary to administer the Plan in accordance with the ode.
SIGNATURE:	
PRINTED NAME:	
DATE:	
	Click here to submit the form