

Salary Reduction Agreement—Calendar Year 2012 (Rev. 10/11)

Name _____

Home Address _____ Employee ID No. _____ (see paycheck stub)

Pay periods per year: 26 22 18

Base Retirement Plan: TIAA-CREF MPSERS Basic MPSERS MIP

Total 403(b) Salary Reduction Amount for 2012: _____ % OR \$ _____ (amount per pay period)	Total 457(b) Salary Reduction Amount for 2012: _____ % OR \$ _____ (amount per pay period)
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<p>403(b) Salary Reduction Program and Investment Selection.*Indicate percentage of total to be invested in the following investment options; total must equal 100.</p> <p>_____ TIAA-CREF GSRA _____ Fidelity</p> <p><i>Please note that if you have deferred income into <u>any</u> retirement plan with a previous employer this calendar year, be sure to speak with a representative of Sanford Advisory Services <u>before</u> submitting this form.</i></p>	<p>457(b) Salary Reduction Program and Investment Selection.* All (100%) of 457(b) contributions to be invested in:</p> <p>_____ TIAA-CREF _____ Fidelity</p>
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Contact Sanford Advisory Services at (269) 488-6900 for information about TIAA-CREF and Fidelity. Online enrollment in the plan is required for you to direct investments within each account. Please consider your elections carefully.

To change your allocation or to enroll, please contact the vendor directly:
 TIAA-CREF—1-800-842-2776 FIDELITY—1-800-343-0860
 www.tiaa-cref.org/wmich www.fidelity.com/atwork

AUTHORIZATION AND AGREEMENT FOR SALARY REDUCTION

I elect to have my gross salary from Western Michigan University reduced for the contributions indicated above. I agree that I am solely responsible for determining that the amount of salary reduction listed above does not exceed 75% of includible compensation and is subject to any and all requirements, restrictions, and limitations that normally apply. Western Michigan University will provide, upon written request, any available information from their records which is necessary to enable me to make these tax determinations.

I agree that I am solely responsible for the gains and losses resulting from my investment decisions.

I understand that this is a legally binding agreement and will continue until I have reached one of the contribution limits imposed by the Internal Revenue Code or the date on which I terminate this agreement, whichever occurs first. The effective date of this agreement is the date the agreement is received by the Department of Human Resources. Pursuant to this agreement, my salary reduction will begin the first full two- week pay period following the effective date of this agreement, or if the agreement is signed for the following calendar year, the first full two-week pay period with a pay date that occurs on or after January 1 of the year following the effective date of this agreement. I understand that I will be allowed to sign four salary reduction agreements per calendar year.

Signature of Participant

Date Signed

For Internal Use Only

_____ New	_____ Stop Contributions
_____ Increase	_____ Change of Allocations
_____ Decrease	Maximum \$ _____ 403(b)
_____ Re-Enroll	Maximum \$ _____ 457(b)

***You must enroll online before choosing a new investment option.**

Please make a copy for your records and send original to:
Jane Brady-Ertz, TGPC FAX: 488-6100
Sanford Advisory Services
590 W. Centre Ave., Portage, MI 49024