

Salary Reduction Agreement—Calendar Year 2009 (Rev. 09/09)

Name _____	
Home Address _____	Employee ID No. _____ (see paycheck stub)
Pay periods per year: <input type="checkbox"/> 26 <input type="checkbox"/> 22 <input type="checkbox"/> 18	

Base Retirement Plan: TIAA-CREF MPERS Basic MPERS MIP

Total 403(b) Salary Reduction Amount for 2009: _____% OR \$_____ (amount per pay period)	Total 457(b) Salary Reduction Amount for 2009: _____% OR \$_____ (amount per pay period)
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403(b) Salary Reduction Program and Investment Selection.* Indicate percentage of total to be invested in the following investment options; total must equal 100. <div style="display: flex; justify-content: space-around;"> TIAA-CREF GSRA Fidelity </div>	457(b) Salary Reduction Program and Investment Selection.* All (100%) of 457(b) contributions to be invested in: <div style="display: flex; justify-content: space-around;"> TIAA-CREF Fidelity </div>
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Contact Sledrunner Advisory Services at (269) 488-6900 for informational packets from TIAA-CREF and Fidelity. Packets contain vendor application forms for you to direct investments within each account. Please consider your elections carefully.

To change your allocation with a specific vendor, please contact the vendor directly:
 TIAA-CREF—1-800-842-2252 FIDELITY—1-800-343-0860
 www.tiaa-cref.org 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 (waived if retiring) 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 limits on contributions imposed by the Internal Revenue Code (described in the paragraph above) 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)
Retiring _____	Maximum \$ _____ 457(b)

***You must complete a vendor account application before choosing a new investment option.**

Please make a copy for your records and send original to:
Jane Brady-Ertz, TGPC FAX: 269-488-6100
Sanford Advisory Services
590 W. Centre Ave., Portage, MI 49024