AUTHORIZATION TO DEFER COMPENSATION

TIAA-CREF Group Supplemental Retirement Annuity

Remit to Payroll Manager

This form is to be used to begin, cease or change deferral amounts. Complete and submit this form to your Payroll Manager. DO NOT SUBMIT THIS FORM TO TIAA-CREF.

Payroll Manager: Lesa Calvo
UNA Box 5001

TO: PAYROLL MANAGER

FROM: _____
First Middle/Maiden Last

Social Security Number: _____

Please defer $ _____, monthly from my salary effective _____,
Amount Date*

and remit to TIAA-CREF.

_____ _____
Date Signature of Employee

*Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.