



UNIVERSITY SYSTEM OF MARYLAND EMPLOYEES

Deduction Authorization Form for Enrollment/Change/Cancellation in:

TIAA457(b) Retirement Savings Account
(Pre-Tax Contributions)

Please print or type all information in BLACK INK for electronic imaging

Payroll System Check One Regular Contract University of Maryland

I am requesting this salary reduction to begin with my paycheck issued on _____, 20____. I understand that the deduction will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.

Agency Code (See check advice/pay stub) Institution Name (Place of Employment)

Social Security Number

Employee Name

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