

Morgan State University

Deduction Authorization Form for Enrollment/Change/Cancellation in: TIAA-CREF 403 (b) Supplemental Retirement Plan (SRA)

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

PAYROLL SYSTEM	- Check One:	☐ Contra	ct	
Human Resources/Payroll Agency Code		Institutional Name (place of employment)		
3 6 1 3 0 0 Social Security Number		MORGAN STATE UNIVERSITY Employee Name		
	n is used to establish or change id only when signed by both the			
Deduction Action Requested	Name of SRA Plan	CPB Deduction Code	Payroll Cycle	
☐ Initiate	TIAA 403 (b)	40	Deduction will begin on the	
	Employee Total Biweek	Employee Total Biweekly Deduction Amount next available pay period		
☐ Change	Current Amount: \$		upon receipt of this form at the State	
☐ Cancel	New Amount: \$		Central Payroll Bureau.	
above amount and forward it only institution's Benefits C	State Central Payroll Bureau, I t to the company listed. This au coordinator on a new authorizati eceived by the State Central Pa	uthorized amount is to continue on form. Timing for the applica yroll Bureau.	until I submit a change tition of this action is	
Employee's Signature		MORGAN STATE UNIVERSITY Place of Employment		
enrollment form to the TIAA	ollment, my signature below ass CREF vendor, prior to this form form, the vendor shall notify the	being submitted to the MSU P	ayroll/Central Payroll	
		443-885-3195		
Benefits Coordinator's Signature Date		Benefits Coordinator'	Benefits Coordinator's Phone	