

**NORTHERN MICHIGAN UNIVERSITY
403(B) SALARY REDUCTION AGREEMENT**

EMPLOYEE NAME: _____ NMU IN _____
 _____ 19 or _____ 26 pays

THIS IS A: NEW AGREEMENT TERMINATION
 INCREASE DECREASE CHANGE OF COMPANY
 NEW ALLOCATION OF FUNDS (BETWEEN COMPANIES)

Employer's Retirement Program Enrolled: TIAA-CREF MPERS (MIP) MPERS Basic

This Agreement shall supersede any prior 403(b) Salary Reduction Agreement. This Agreement shall be automatically renewed unless the Employee and the University enter into a new Agreement to replace this Agreement. In the event the Employee's reduction reaches the IRS limitation in any given year, the Employee's payroll deduction will automatically be terminated by the Employer and the Employee will be required to complete a new Agreement to begin deductions the following year. This Agreement is legally binding and irrevocable with respect to compensation which becomes available to the Employee while it is in effect. However, it may be terminated at any time by either the Employee or the University with respect to compensation which has not yet become available to the Employee. The University does not take any responsibility for any particular tax consequences of the Agreement, which responsibility is solely that of the Employee. It is the Employee's responsibility to make sure that the amount of reduction does not exceed IRS limitations.

As an eligible participant in the 403(b) plan sponsored by the Employer ("NMU Tax Deferred Annuity Plan"), the Employee hereby enters into this Salary Reduction Agreement with the Employer to contribute amounts to purchase an annuity contract offered under the NMU Tax Deferred Annuity Plan, and the parties hereto agree as follows:

I. EFFECTIVE THE PAY DATE OF _____ the Employee authorizes the Employer to reduce the Employee's compensation as a flat dollar amount per bi-weekly pay period, or a percentage of the Employee's bi-weekly salary, and direct such salary reduction to the following:

Approved Vendors:

TIAA-CREF	\$ _____	or	_____ %
VALIC	\$ _____	or	_____ %
AMERIPRISE	\$ _____	or	_____ %
FIDELITY	\$ _____	or	_____ %
THRIVENT	\$ _____	or	_____ %
WELLS FARGO	\$ _____	or	_____ %

Office Use Only:

T01	TIA	T02	(T18	T19)
T13	VAL	T14		
T05	AMX	T06		
T09	FID	T10		
T03	THR	T04		
T20	WEL	T21		

Approved Vendors for established contracts only; no new deductions:

AXA EQUITABLE	\$ _____	or	_____ %	T07	EQT	T08
LIFE INS. OF S.W.	\$ _____	or	_____ %	T11	LSW	T12
PARADIGM (MEA)	\$ _____	or	_____ %	T15	PAR	T16

II. Age 50+ Catch-Up Option included in above contribution amount? Yes No

Notes to Payroll: _____

I UNDERSTAND THAT THIS SALARY REDUCTION IS VOLUNTARY, AND I AM RESPONSIBLE FOR THE SELECTION OF ANY AMOUNTS CONTRIBUTED TO THE AVAILABLE INVESTMENT VEHICLES WITH THE APPROVED VENDOR I HAVE SELECTED UNDER THE NMU TDA PLAN. I GIVE MY CONSENT FOR THE UNIVERSITY TO PROVIDE A COPY OF THIS FORM TO ANY OF THE ABOVE VENDORS TO WHOM I HAVE ALLOCATED FUNDS AS SHOWN ABOVE. BASED ON MY PER-PAY DEDUCTION AMOUNT AND NUMBER OF PAYS RECEIVED, I CERTIFY THAT MY TOTAL ANNUAL DEDUCTION WILL NOT EXCEED THE APPLICABLE LIMITATIONS OF INTERNAL REVENUE CODE SECTION 403(B) AND INTERNAL REVENUE CODE SECTION 414(V).

EMPLOYEE SIGNATURE

NMU AUTHORIZED SIGNATURE

DATE

TITLE OF AUTHORIZED SIGNER