



CHICAGO STATE UNIVERSITY

Office of Human Resources

9501 S. King Drive/ADM 203
Chicago, Illinois 60628-1598
Tel. 773.995.2040 * Fax 773.995.2569

TAX DEFERRED ANNUITY PLAN VOLUNTARY SALARY REDUCTION FORM

Name: _____ SS# _____
Address _____ City _____ ST _____ Zip _____
Annual Salary _____ Birth Date _____ Hire Date _____

I hereby authorize a reduction in my earning in the amount of \$_____ **Per pay period** effective with the payroll period beginning _____. In accordance with the state salary and annuity withholding act. It is further agreed that the amount Of such salary reduction will be paid to the following designated company (ies) in the amount designated next to the name as long as the total amount does not exceed the total amount of the salary deduction.

AMERIPRISE (13)	\$ _____	LINCOLN NATIONAL (12)	\$ _____
AXA EXQUITABLE (28)	\$ _____	METLIFE (15)	\$ _____
VOYA (07)	\$ _____	LEGEND GROUP (B7)	\$ _____
TIAA-CREF (01)	\$ _____	COREBRIDGE (19)	\$ _____
EMPOWER	\$ _____		

ELECTION FOR ADJUSTMENT IN EARNINGS: Pursuant to section 30 ILCS 105/30C and the rules adopted there under by the Board of Trustees of Chicago State University, I, the undersigned employee, hereby elect to participate in the Retirement Annuity Plan of the Board and hereby request an adjustment in earnings as such employee, the amount of such adjustment to be \$_____ **per pay period** of my earnings (as said term is defined in 40 ILCS 5/15-111 of the "Illinois Pension Code" as amended) from the Board, payable to the undersigned from time to time, said adjustments to commence on the first effective date specified in said rules which follows the date hereof and to continue in effort until altered or revoked in writing by undersigned.

It is understood that if this request is granted, the Board intends to pay the amount of such adjustment to an insurance company or companies selected by the Board as a premium on an annuity contract under which the undersigned's rights are non-forfeitable except for failure to pay future premiums. It is further understood that the Board deems sufficient. I affirm that I have read the explanation of said Plan prepared by the Board and I realize that said Plan may or may not prove advantageous to me, depending upon circumstances not fully known at this time and I accept the risk thereof, I acknowledge that my rights to collect on said annuity contract shall be solely against the company and not the Board Of Trustees, Chicago State University, or the State of Illinois.

Employee Signature _____ Date _____

Employer Representative _____ Date _____