

Employee Tax Deferred Annuity Request

I, _____, hereby request that Earlham College
(Print name)
withhold _____% of my wages, or \$ _____ per pay period through
salary reduction as a tax deferred annuity contribution to **TIAA CREF**, effective with the
paycheck dated _____. I understand that funds will be
deposited into an SRA(Supplemental Retirement Annuity) and that an application must
be on file.

I accept full responsibility for determining the amount of funds to be withheld from my
gross wages as tax deferred annuity contributions. I acknowledge that Earlham College
is not responsible for determining or monitoring the amount of my tax deferred annuity
contribution.

Employee signature

Date

Check one:

Employee is paid on the bi-weekly cycle _____

Employee is paid on the monthly cycle _____