



RI

**Office of the
Postsecondary
Commissioner**

Rhode Island
Office of the Postsecondary Commissioner
560 Jefferson Boulevard
Warwick, RI 02886

**RI Office of the Postsecondary Commissioner
403(b) Tax-Deferred Defined Contribution Agreement**

I hereby authorize you to reduce my salary by _____% and with this money, excluded from my current income, to purchase a Retirement Choice Plus contract for me from TIAA.

COMPANY

PAYROLL CODE

TIAA/CREF

7

This agreement shall be legally binding and irrevocable as to the parties hereto while employment continues; provided, however, that either party may terminate this agreement by giving written notice of the date of termination.

I hereby declare that all action taken in connection therewith has been without endorsement and recommendation by you or anyone authorized by you and I accept full responsibility for all financial tax and other consequences of my election to request the purchase of the voluntary Retirement Choice Plus contract.

In consideration of your making this program available to me, I hereby waive all claims of every kind and nature which I may now or in the future have arising out of this program. Includes, without limitation, claims for loss or damage arising out of nonpayment of premiums on the due date thereof.

Name: _____ XXX-XX-
Last First MI Last 4 SS Number

Employee Signature

Date

HR Office use only:

Employer Representative Signature

Union

Appropriation Account #

University of Rhode Island
Agency Name

Date