

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
SALARY AMENDMENT AGREEMENT

Employee CSULB ID # _____

This Salary Amendment Agreement is between the CSULB Research Foundation, hereinafter referred to as "Foundation," and (please print name) _____

herein after referred to as "Employee."

I hereby authorize the Foundation to withhold \$ _____ per pay period

commencing on _____. (must begin on beginning pay period date, please see payroll schedule)
 (mm/dd/yy)

Please send my deduction for the following account:

403b Plan – Tax Sheltered Annuity (TSA) TIAA/CREF # _____	457b Plan – Deferred Compensation * TIAA/CREF # _____
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New accounts must be established with company first. Provide account #, if known.

*Certain qualifications apply. For more information contact the Benefits Coordinator.

Please note:

1. The Foundation hereby serves notice to the Employee that TSA and 457b deductions are provided as a service to the Employee;
2. The Foundation makes no representations or endorsements of, and accepts no responsibility for the investment performance and/or the financial solvency of any company selected; and
3. The Employee is hereby advised that it is the Employee's responsibility to seek investment and/or performance advice from a qualified financial planner or similarly qualified individual.

I hereby request and authorize the Foundation to provide the above-mentioned payroll deduction. This Agreement shall remain in effect until I either modify or cancel the Agreement. I am aware that all modifications and cancellations must be requested in writing and may not be made retroactively.

I hereby cancel my Salary Amendment Agreement Deduction.

 Signature of Employee

 Date

HR/Benefits Use Only: New Restart Change

Date Received: _____ Reviewed By: _____