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...TIAA-CREF Annuity Contract (Plan #101685)	...Vanguard Custodial Account (Plan #090272)
Selection effective date: _____	
Employee Signature _____	Date _____

SRA Participation

... I elect to establish/continue a Supplemental Retirement Account. Complete the remainder of this form and sign the Salary Reduction Agreement below.	
... I elect NOT to continue a Supplemental Retirement Account. Complete and sign the SRA Waiver below.	
Investment Election: I elect the following account type and investment carrier for my Supplemental Retirement Account contributions. (Investment carrier R Q CWRU CWRU must be completed when establishing new account.)	
Tax-Deferred 403(b) Contributions	Roth 403(b) After-Tax Contributions
...TIAA-CREF Annuity Contract (Plan #101686)	...TIAA-CREF Annuity Contract (Plan #101686)
...Vanguard Custodial Account (Plan #090272)	...Vanguard Custodial Account (Plan #090272)
Amount of Tax-Deferred Salary Reduction:	Amount of After-Tax Salary Reduction:
I direct that this amount be contributed on my behalf to the investment of my choice (indicated above).	I direct that this amount be contributed on my behalf to the investment of my choice (indicated above).
\$ _____ /month beginning	\$ _____ /month beginning

Salary Reduction Agreement: (Please read additional acknowledgement on back of form)

I authorize Case Western Reserve University to reduce my basic salary, effective as of the first day of the month following the month in which this agreement is executed. Such salary reduction amount will be applied by CWRU to purchase one or more annuity contracts and/or mutual funds for me, as set forth on this form. I understand that both my pre-tax and after-tax contributions are part of my allowable maximum contribution through CWRU. I acknowledge that this Agreement is subject to the conditions on the reverse side of this form, and that contributions to other tax-deferred plans can affect my allowable maximum contribution through CWRU. I understand that this Agreement will continue in force unless changed in writing by me.

Employee Signature _____	Date _____
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SRA Waiver

I elect to stop my participation in my:

...Tax-Deferred 403(b) Supplemental Retirement Account	...Roth 403(b) After-Tax Supplemental Retirement Account
End date _____	Employee Signature _____
	Date _____

Benefits Administration Use Only

Effective Date _____	Received by _____	Date _____
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Salary Reduction Agreement

I acknowledge that this Agreement is subject to the following conditions:

- x It remains in effect unless terminated by me upon 30 days' written notice, I die, or my CWRU employment terminates.
- x The amount of reduction may be changed only on H each quarter of the calendar year effective for compensation earned from and after the first day of the month following the month in which a revised salary reduction agreement is executed provided it is received by CWRU at least five business days before the end of the month of execution.
- x The amount of salary reduction is limited under the Internal Revenue Code to the lesser of:
 - x maximum contribution limit under Section 415;
 - x maximum contribution limit under Section 402(g)

15-Year Special Election