CHICAGO STATE UNIVERSITY

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)_____**

ING (07) _____   **LEGEND GROUP (B7) _____**

ELECTION FOR ADJUSTMENT IN EARNINGS: Pursuant to section 30 ILCS 105/30C

And the rules adopted thereunder by the Board of Trustees of Chicago State University, I, the
undersigned employee of the Board, 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 data 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.

Date_____   Employee signature_____

Date_____   Employer Representative_____

Scholarship & Responsibility