SOUTHEASTERN UNIVERSITY

# RETIREMENT DISTRIBUTION FORM

Name: _____

Soc Sec No. (*new enrollees only*): _____

Job Title: _____

Department Name: _____

Dept. Code: _____

Effective Date of Change: _____

**Reason for submitting form** (*check one*):

☐ New Enrollee
Eligibility Date: _____
Date of Hire: _____

☐ Change in Voluntary Payroll Deduction Amount

Date Rec'd in HR: _____
Effective Date: _____

## EMPLOYER CONTRIBUTION (FOR HUMAN RESOURCES TO FILL OUT)

Annual Salary (or hourly wage x 2080) $_____ x 7% = $_____

(Annual Contribution) divided by 12 = $_____ (Monthly Employer Contribution)

## SELF CONTRIBUTION (VOLUNTARY) (FOR EMPLOYEE TO FILL OUT)

| Retirement Company Allocations | Self Contribution (Voluntary) | Check one: |
|---|---|---|
| TIAA-CREF Group Plan | $ per pay | ☐ Pre-Tax ☐ Roth |
| Assembly of God Financial Solutions/MBA | $ per pay | ☐ Pre-Tax ☐ Roth |

**Salary Deduction Agreement:** *I authorize Southeastern University to deduct the following amount from my pay, $_____. This deduction will occur two times a month for a total of 24 deductions per year. This will give a total of $_____ per year from my annual compensation, effective* _____ **(MUST BE EFFECTIVE ON THE FIRST OF THE MONTH, FOLLOWING TODAY'S DATE).**

_____ _____

Employee Signature Date