

PAYROLL REDUCTION AUTHORIZATION  
TAX-SHELTERED RETIREMENT PLAN PREMIUMS

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Last Name	First Name	Middle Initial	Social Security Number
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Retirement Plan Contributions

Please make monthly reductions in my salary equal to \_\_\_\_\_% of my gross

salary beginning \_\_\_\_\_, for the enrollment in the following program(s):

Pay Date

\_\_\_\_\_ TIAA CREF Retirement Plan

\_\_\_\_\_ Nazarene Retirement Plan (Fidelity Investments)

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Signature

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Date

Please return this completed form, along  
with the corresponding company enrollment  
form, to the NNU Payroll Office.