Agreement For Salary Reduction
Marquette University
Retirement and Tax-Deferred Annuity Plan

Part I: To be completed by the employee

THIS AGREEMENT, made between ___________________________ (employee) and Marquette University (employing institution), the parties hereto agree as follows:

Effective with respect to amounts paid on or after the ______ (day) of __________ (month), 20____ (which date is subsequent to the execution of this Agreement), the employee's basic salary will be reduced by the amount indicated in items (1), (2), and (3) below, and at the same time the university's contribution to the employee's annuity contract(s) will be increased as per retirement contract and, allocated between TIAA and CREF as designated by the employee. By signing this Agreement the employee acknowledges that current and subsequent allocation choices between TIAA and CREF are made of the employee's own volition, without direction or coercion from the employing institution.

This agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that either party may terminate this Agreement as of the end of any month, so that it will not apply to salary subsequently paid, by giving at least thirty days written notice of the date of termination. It is understood that if this Agreement is terminated, all amounts referenced below will be terminated.

The amount of the salary reduction shall be (mark only one box):

1  Match Account Retirement Annuity ONLY (Subject to eligibility)
   You wish to contribute 5% of your salary.
   The amount that is to be deducted from the employee's basic monthly salary as the employee annuity contribution (5%) in accordance with the institutions' retirement plan funded through TIAA-CREF (Basic Retirement Plan);

2  Match Account Retirement Annuity (Subject to eligibility) + Supplemental Account
   You wish to contribute more than 5% of your salary.
   Please enter a flat dollar amount above your 5% contribution. The amount of (1) above plus $____________* per pay period which will produce a total institution retirement contribution that does not exceed the employee’s statutory exclusion allowance under Section 403(b) or the limitations of Section 415 or Section 402 (g) of the Internal Revenue Code, whichever is less.

3  Supplemental Account ONLY
   Please enter a flat dollar amount per paycheck. The amount of $____________* per pay period which will produce a total institution retirement contribution that does not exceed the employee’s statutory exclusion allowance under Section 403(b) or the limitations of Section 415 or Section 402(g) of the Internal Revenue Code, whichever is less.

   It is understood that the amount defined in (1) above will be paid to the employee's TIAA-CREF Match Account Retirement Annuity contract(s) under the Institution's retirement plan. It is understood that if (2) above is checked, the amount will be in addition to (1) and will be paid to the contract(s) checked on back of this page in amount(s) as referenced. It is further understood that the amount defined in (3) will only be contributed to the employee’s supplemental account checked on the back of this page.

* The university will not assume any responsibility for the correct determination of the employee’s reduction limit.
If you contribute to another savings plan, it may affect your limits. Tax penalties may apply to contributions above IRS limit. Contributions cannot go retroactive for paperwork received after a payroll has been processed.

This is a two page document. This is page 1 of 2.

1/1/2010
Part I: To be completed by the employee

Please complete page two if you marked #2 or #3 on page one.
The amounts below will be the same amount you entered in the blank on either #2 or #3 of page one.

<table>
<thead>
<tr>
<th>New</th>
<th>No Change</th>
<th>Change</th>
<th>Suspend</th>
<th>Group Supplemental Retirement Annuity contract(s) (GSRA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$____________________ per pay period.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regular Retirement Annuity contract(s) (RA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$____________________ per pay period.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Supplemental Retirement Annuity contract(s) (SRA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$____________________ per pay period.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other Private Retirement Annuity contract(s) through</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>______________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Company Name)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$____________________ per pay period.</td>
</tr>
</tbody>
</table>

Employee signature: ________________________________  Today’s date: ________________________________

Date of birth: ________________________________  ELIGIBLE FOR CATCH-UP  YES  No
(Age 50 and older, under the EGTRRA Law)

Part II: Employee submits completed form to Human Resources

Emily Chardac | Benefits Specialist | Department of Human Resources
P.O. Box 1881 Straz Tower, Room 185 | Milwaukee, WI 53201-1881
Emily.Chardac@marquette.edu | Fax: (414) 288-7425 | Phone: (414) 288-7496

Part III: To be completed by Human Resources

Date received: _____________________________  Date entered: _____________________________  MU HR Initials: _________

Part IV: To be completed by Payroll

Signed this __________________ day of ______________________, ____________
(Day)  (Month)  (Year)

________________________________________________________________________
(Employer Signature/Title)