



LOYOLA UNIVERSITY MARYLAND

— 1852 —

**WAIVER
OF
RETIREMENT PLAN PARTICIPATION**

As a faculty, administrator or staff member of Loyola University Maryland deemed eligible to participate in the Loyola University Maryland Retirement Plan, I elect to waive participation in the Plan.

I acknowledge that this document waives all rights and benefits that would otherwise be provided by the Loyola University Maryland Retirement Plan.

I understand that I may thereafter elect to participate in the Plan by completing an on-line salary deferral at www.tiaa-cref.org/loyolamd. Such election shall commence as soon as administratively feasible after the salary deferral is updated. I understand that in order to receive the University's employer contribution I must elect to contribute a pre-tax employee contribution of at least 2% of eligible compensation.

CERTIFICATION AND SIGNATURE

By signing this form, I acknowledge that I am waiving all rights and benefits that would otherwise be provided by the Loyola University Maryland Retirement Plan.

Employee Name (Please Print)

Social Security Number

Employee Signature

Telephone Number

Date

HR Representative Signature

Date