

# RETIREMENT SAVINGS

## PAYROLL AUTHORIZATION DOCUMENT

### EMPLOYER INFORMATION

COMPANY NAME

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### EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

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EMPLOYEE ID / SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

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DEPARTMENT / DIVISION

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EMAIL ADDRESS / PHONE NUMBER

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### TYPE OF ACTION

- New Enrollment
- Change Contribution Amount
- Catch-up Contribution Election (Age 50 or older)
- Stop / Suspend Contribution

### CONTRIBUTION ELECTION & PLAN SELECTION

*Specify the percentage or dollar amount to be deducted from your gross pay each pay period.*

Plan Type	Pre-Tax Contribution	Roth / Post-Tax Contribution
401(k) Plan	_____ % or \$ _____	_____ % or \$ _____
403(b) Plan	_____ % or \$ _____	_____ % or \$ _____
457(b) Plan	_____ % or \$ _____	_____ % or \$ _____
Other: _____	_____ % or \$ _____	_____ % or \$ _____

### AUTHORIZATION AND SIGNATURE

I hereby authorize my employer to deduct the designated amounts/percentages indicated above from my earnings each pay period, and to transmit these amounts to my retirement savings plan account. This authorization will remain in effect until I submit a new written authorization form changing or terminating these deductions. I understand that my elections must comply with IRS annual contribution limits.

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EMPLOYEE SIGNATURE

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DATE

**FOR HR / PAYROLL USE ONLY**

RECEIVED BY

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DATE RECEIVED

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EFFECTIVE PAY PERIOD DATE

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PROCESSED BY / SIGNATURE

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Retirement Savings Payroll Authorization Document