401(K) EMPLOYEE PAYROLL DEDUCTION FORM

Enrollment & Contribution Change Authorization

EMPLOYEE INFORMATION

EMPLOYEE NAME

SOCIAL SECURITY NUMBER / EMPLOYEE ID

DEPARTMENT / DIVISION

DATE OF HIRE

CONTRIBUTION ELECTION

Specify the percentage or flat dollar amount to be withheld from your compensation each pay period and contributed to your 401(k) plan.

☐ **Pre-Tax 401(k) Contribution:** Deduct _____ % or _____ $ per pay period.

☐ **Roth (Post-Tax) 401(k) Contribution:** Deduct _____ % or _____ $ per pay period.

☐ **Catch-Up Contribution (Age 50 or older):** Deduct _____ % or _____ $ per pay period.

☐ **Decline / Stop Contribution:** Please stop all my active 401(k) deductions starting with the next pay cycle.

AUTHORIZATION & SIGNATURE

I authorize my employer to withhold the amount(s) designated above from my eligible compensation each pay period and transmit these funds to my 401(k) plan account. This authorization will remain in effect until I submit a new election form or terminate employment. I understand that my elections must comply with the annual Internal Revenue Code contribution limits.

EMPLOYEE SIGNATURE

DATE

FOR EMPLOYER/PAYROLL OFFICE USE ONLY

DATE RECEIVED

EFFECTIVE PAY DATE

PROCESSED BY (NAME)

AUTHORIZED SIGNATURE