

COMPANY NAME

RETIREMENT SAVINGS DEDUCTION AUTHORIZATION

Form 401(k) / Savings Plan Election

1. EMPLOYEE INFORMATION

EMPLOYEE NAME (LAST, FIRST, M.I.)

EMPLOYEE ID / SSN (LAST 4 DIGITS)

DEPARTMENT

EMAIL ADDRESS

PHONE NUMBER

2. ACTION TYPE

- New Enrollment
- Change Contribution
- Stop Contribution

3. CONTRIBUTION ELECTION

Select one or both options below and specify the percentage or flat dollar amount to be deducted per pay period.

Pre-Tax Contribution

PERCENTAGE (%)

OR DOLLAR AMOUNT (\$)

Roth (After-Tax) Contribution

PERCENTAGE (%)

OR DOLLAR AMOUNT (\$)

4. AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the percentage or dollar amount specified above from my gross earnings each pay period and transmit these funds to my retirement savings plan account. This authorization will remain in effect until I submit a new written election form or terminate my employment. I understand that changes to my contribution rate will become effective in accordance with the plan rules and payroll cycle schedules.

EMPLOYEE SIGNATURE

DATE

FOR HR / PAYROLL ADMINISTRATION USE ONLY

DATE RECEIVED

EFFECTIVE PAY PERIOD

PROCESSED BY (NAME / INITIALS)
