

PAYROLL AUTHORIZATION FOR RETIREMENT PLAN DEDUCTIONS

Contribution Election Form

EMPLOYER INFORMATION

Company Name: _____

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____

SSN (Last 4 digits): _____

Department: _____

Email Address: _____

TYPE OF ACTION

New Enrollment Change Contribution Amount Stop Contribution

CONTRIBUTION ELECTION

I authorize my employer to deduct the following percentage or dollar amount from my eligible compensation each pay period and contribute it to my retirement plan account.

Pre-Tax Contribution: _____ % or \$ _____ per pay period

Roth (After-Tax) Contribution: _____ % or \$ _____ per pay period

Catch-up Contribution (Age 50+): _____ % or \$ _____ per pay period

AUTHORIZATION AND SIGNATURE

By signing this form, I authorize my employer to make the payroll deductions selected above. I understand that this election will remain in effect until I submit a new authorization form to change or stop my contributions. I acknowledge that my contributions are subject to Internal Revenue Code (IRC) annual limits.

Employee Signature: _____

Date: _____

FOR EMPLOYER USE ONLY

Received By (Name): _____

Signature: _____

Date Received: _____

Effective Payroll Date: _____

Processed By: _____