Diocese of Rockville Centre

403(b) Employee Retirement Plan Voluntary Salary Reduction Agreement

Instructions

- 1. Please complete the information below and return to your employer.
- 2. In addition to this form, if you do not already have a Voluntary Salary Reduction account under the Plan with Mutual of America, you must complete the Diocese of Rockville Centre 403(b) Retirement Plan Employee Enrollment Form for Employee Contributions (Tax-Deferred Annuity) from Mutual of America.
- 3. This Form applies only to salary reduction contributions you make to the Plan. If you are entitled to have your employer make matching and/or basic contributions to the Plan, you should also complete the Diocese of Rockville Centre 403(b) Retirement Plan Employee Enrollment Form for Employer Contributions (Thrift Contract).

	Name of Employer	
	Employee Name	Social Security Number
_	Current Mailing Address	
-	Date of Birth	
	Date of Hire	Effective Date of this Election
If	bution Election you meet the Plan's eligibility requirements, you may choo loose will be deducted from your paycheck and deposited of	ose to contribute on a pre-tax basis to the Plan. The amount you lirectly in the fund(s) you elect.
☐ for	ffirmative Election Not to Contribute. I do <i>not</i> wish to rm, sign the bottom, and return the form to your employer. ect to revoke such election in full.	contribute to the Plan even if I am eligible. (Skip the rest of this) If I have filed a prior election to contribute to the Plan, I hereby
th El	% each pay period as a pre-tax salary defer the first pay after the date I sign below, or as soon as practi-	te to the Plan and I agree to reduce my eligible compensation by ral contribution. My first contribution should be deducted from cable thereafter, unless I indicate a later Effective Date of the to the Plan, I hereby elect to revoke such election and instead elect
to	nereby agree to reduce my compensation from my employed an account under the Plan with Mutual of America. understand that:	er in return for my employer's contribution of this amount for me
1.	This Voluntary Salary Reduction Agreement applies to reasonable administrative delay.	only to salary to be paid during the next pay period and after, subject
2.	contributions made while this Voluntary Salary Reduc	ny employer written notice, but all salary reductions and tion Agreement was in effect are irrevocable. My written notice of ake the form of another Voluntary Salary Reduction Agreement contribute box checked for future periods.
3.		npleting and giving to my employer, and by my employer in Agreement with the Affirmative Election to Contribute box
4.		
5.	5. The amount of my annual salary reduction contribution cannot exceed the overall contribution limit under the Internal Revenue Code. I must make sure the contribution limits are not exceeded. This is not my employer's or any other party's responsibility.	
6.	This Voluntary Salary Reduction Agreement, and any notice to stop or change my salary reduction election, will be put into effect by my employer as soon as administratively practical, or if later, the effective date requested by me above.	
	Signature of Employee	Date
	Signature of Employer Representative	Date