

Location Name _____ Location # _____

The Roman Catholic Church Diocese of Tucson
403(b) Contribution Election Form

Employee Name: _____

The plan has been explained to me, and I have been given a Summary Plan Description. I understand that I may voluntarily choose to have my pay reduced for contribution to the Plan.

ELECTION TO CONTRIBUTE

I elect to designate my contributions as Traditional Pre-Tax Contributions and contribute _____ % or \$_____ of my pay, and I authorize my employer to deduct that amount each pay period.

I am aware that:

- 1) My contribution may be reduced in order to comply with Federal tax rules and limits, including any higher limits that apply to participants age 50 or older.
- 2) This election will take effect with the first pay period beginning on or after the first day of the next month, or as soon as it is administratively feasible for my employer to begin deductions from my pay after I file this Election Form with my employer. I may stop or change my election for future pay periods by giving my employer written notice, which will take effect as soon as administratively feasible.
- 3) My contributions and earnings cannot be withdrawn or paid until I attain age 59 1/2 or upon my death, disability or termination of employment. My contributions may be available for withdrawal in the event of serious financial hardship (according to the Plan and IRS rules).
- 4) This election generally applies to all compensation payments that I receive, as described in my Employer's Plan Document.

Employee Signature

Date

Employer Signature

Date

ELECTION NOT TO CONTRIBUTE

I do not wish to contribute to the Plan at this time. I understand that if the Plan provides matching employer contributions, I will not be entitled to such contributions during the time I am not contributing. I also understand that I may elect to contribute in the future by completing a Contribution Election Form and filing it with my employer.

Employee Signature

Date

Employer Signature

Date

NOTE TO EMPLOYERS:
THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S RECORDS OF THE PLAN.

EMPLOYERS SHOULD REVIEW THIS SAMPLE PAYROLL AUTHORIZATION FORM WITH LEGAL COUNSEL, IN PARTICULAR REGARDING ANY APPLICABLE STATE LAW THAT MAY AFFECT THIS DOCUMENT.