Retirement Savings Plan Contribution Form

Use this form to establish, change, or stop contributions to your Retirement Savings Plan. Please print clearly in capital letters.

1. Participant Information

Full Name: ____________

Social Security Number (Last 4 Digits): ____________

Date of Birth (MM/DD/YYYY): ____________

Street Address: ____________

City, State, ZIP: ____________

Phone Number: ____________

Email Address: ____________

2. Employer Information

Employer Name: ____________

Employee ID: ____________

3. Contribution Election

Specify the amount or percentage you wish to contribute per pay period.

Pre-Tax Contributions:

Percentage of Compensation: ____________ % OR Dollar Amount: $ ____________

Roth (Post-Tax) Contributions (if applicable):

Percentage of Compensation: ____________ % OR Dollar Amount: $ ____________

Action Requested (Type 'NEW', 'CHANGE', or 'STOP'):

____

4. Investment Allocation

Allocate your contributions in whole percentages. Total must equal 100%.

Fund Name / Ticker	Allocation Percentage
	%
	%
	%
	%
Total:	%

5. Authorization and Signature

By signing below, I authorize my employer to deduct the contribution amounts specified above from my compensation each pay period and remit these amounts to my retirement account.

Participant Signature:

Date (MM/DD/YYYY):

For Employer Use Only

Date Received:

Effective Pay Date:

Authorized Employer Representative Name:

Authorized Signature: