



Employee Retirement Contribution Agreement

(formerly the TSA Salary Reduction Agreement)

for employee contributions only

PLEASE CHECK THE APPROPRIATE ACCOUNT

Please check below for billing purposes:

- Existing Employer: ID _____ (locate Employer ID on billing statement)
 Self Pay

PERSONAL INFORMATION

Social Security Number	Name (last, first, middle initial)	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.	Date of birth (month/day/year) / /
Address (number and street)		City/State/ZIP	
Telephone number (with area code) () -		E-mail address @	

MEMBER ELECTION

This agreement is made between the member and the employer. Any changes to this agreement must be filed in accordance with procedures established by the employer. I understand that the amount of such deductions, pursuant to this election, will be withheld from my pay and paid by my employer into my account in the Plan.

I, the undersigned Member, hereby elect to:

Pre-Tax (Tax-Sheltered) Contributions

- Defer from my salary on a pre-tax (tax-sheltered) basis \$ _____ (dollar amount) or _____ % (percentage of salary) per pay period.
 Cease my pre-tax (tax-sheltered) contributions.

After-Tax Contributions

- Deduct from my salary on an after-tax basis \$ _____ (dollar amount) or _____ % (percentage of salary) per pay period.
 Cease my after-tax (tax-sheltered) contributions.

Compensation Frequency

- Monthly (12 paychecks per year) Twice monthly (24 paychecks per year)
 Bi-Weekly (26 paychecks per year) Weekly (52 paychecks per year)

Effective Date

- Make the effective date of the agreement as of: ____/____/____. (Date must be prospective.)

Enrollment

- New Enrollment Allocation

INSTRUCTIONS

You must complete Sections A, B, and C of this form

Section A: allows you to choose allocations for future contributions
 Section B: allows you to reallocate your current balance (if applicable).
 Section C: requires your signature and the date signed.

Please return to the Pension Boards at the address indicated below, and retain a copy for your records.

