MOUNT HOLYOKE

Authorization For Payroll Deduction/Reduction

Supplemental Retirement Annuities

Employee Name:		Date:	
For Office Use:			
Access#	Payroll: Monthly _____ Biweekly____	Annual Salary:	

Voluntary Contributions

Use this form to start, modify or stop voluntary contributions to the 403 (B) Retirement Plan on a Pre-Tax basis and/or a Roth (after-tax) basis. You can choose to contribute a percentage of your salary or a fixed amount. Please specify the date that you wish to start, modify or stop your contribution. For administrative ease, we recommend the first day of the month.

Pre-Tax Contributions:

I wish to ☐ Start ☐ Modify ☐ Stop

My current contribution (per pay) is:		My new contribution (per pay) is:		Start Date	Stop Date
_____ ☐ Percentage (%) (DCVP)	_____ ☐ Fixed Amount (DCVF)	_____ ☐ Percentage (%) (DCVP)	_____ ☐ Fixed Amount (DCVF)		

ROTH 403 (b) Contributions (Post-Tax):

I wish to ☐ Start ☐ Modify ☐ Stop

My current contribution (per pay) is:		My new contribution (per pay) is:		Start Date	Stop Date
_____ ☐ Percentage (%) (DCRP)	_____ ☐ Fixed Amount (DCRF)	_____ ☐ Percentage (%) (DCRP)	_____ ☐ Fixed Amount (DCRF)		

My signature below indicates that this agreement is legally binding with respect to compensation I earn while this Agreement is in effect. My signature further indicates that I am not requesting an amount of contribution to the Plan which would exceed my "maximum exclusion allowance" under Section 403(b) of the Internal Revenue Code or the Limitations on "annual additions" under Section 415 of the Internal Revenue Code. I further understand that contributions, when added to any other elective deferrals made on my behalf to any other Section 403(b) program available at the Institution in my taxable year may not exceed the limits of Section 402(g) of the Code.

I understand that this Agreement may be terminated at any time with respect to compensation not yet earned; upon notice to the Plan Administrator at least 30 days prior to the date such termination will take effect.

_____ _____

Employee Signature Date Mount Holyoke College Representative Date

DCBF (adjustments) Start Date: _____ Stop Date: _____ ER _____ EE _____ / _____

Data Input By: _____ Date: _____

Notes: _____

_____

Rev. 03/29/2013