



403(b) Elective Deferral Form

Reform Pension Plan

INSTRUCTIONS

Use this form to authorize your employer to establish, change, or cancel the amount you want withheld from your paycheck (known as elective deferrals) and contributed to your RPB 403(b) retirement account. If you need to make any changes to the information you provide on this form, you must follow the procedures established by your employer. **Return this form to your employer. Do not send it to RPB.**

Adding just 1% to your contributions every year can make a big difference. For the latest IRS annual employee contribution and catch-up limits, visit rpb.org/contributions or scan the QR code at the right.



1. EMPLOYEE INFORMATION

Employee First Name	Middle Initial	Last Name
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Employer Name		
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2. ELECTIVE DEFERRAL AMOUNT

Provide the percentage or dollar amount to be withheld from your paycheck per pay period. Your elective deferrals can be made with pre-tax dollars, post-tax dollars or both. Also, your annual deferral amount can't be greater than your annual salary or the IRS annual elective deferral limit, whichever is less.

I authorize my employer to withhold the following amounts from my paycheck:

Pre-Tax Deferrals: _____ %*	<i>or</i>	Amount: \$ _____.
Roth Post-Tax Deferrals: _____ %*	<i>or</i>	Amount: \$ _____.

* For clergy, this is the percentage of your total compensation up to your salary or IRS deferral limit, whichever is less. For non-clergy, this is a percentage of your salary.

3. SIGNATURE

I understand and accept that:

- The amount by which I have elected to reduce my compensation will be contributed to my RPB account by my employer.
- Pre-tax elective deferrals are not subject to federal (or, if applicable, state) income tax until distributed from my account.
- Roth post-tax deferrals are taken from my paycheck after I pay taxes. When I take distributions, my qualified Roth contributions and earnings are tax-free.
- This election remains in effect until I cancel it at any time, by providing my employer with advance notice of my cancellation. The cancellation will be effective as soon as administratively feasible after my employer receives this notice.
- This election will continue for subsequent calendar years unless I cancel it or execute a new one.
- I am 100% vested in my elective deferral contributions. I understand that my elective salary deferrals are subject to gain or loss in accordance with my selected investments.

Employee Signature	Date
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***For internal use only:** If your payroll provider does not allow you to enter a percentage of total compensation, when parsonage is included, you'll need to convert the percentage to a fixed dollar amount in the payroll system.