

Adventist Retirement

403(b) Salary Reduction Agreement

Name

Email

Phone

Mailing Address

City

State

Zip

Social Security Number

Voluntary Contributions

The following voluntary contribution options are based on employee eligibility and are dependent on the employers elected Locally Funded Option. If you have any questions please discuss them with your employer. Please check the option(s) you wish to participate in and indicate the percentage and/or dollar value for each.

NOTE: Employers will contribute up to a 3% match if applicable. You are encouraged to defer more than the matched amount.

Pre-Tax Contributions: % (Preferred) and/or \$. I wish to make employee pre-tax contributions to my Adventist Retirement account from my eligible salary every pay period.

Roth 403(b) Contributions: % (Preferred) and/or \$. I wish to make employee Roth 403(b) after-tax contributions to my Adventist Retirement account from my eligible salary every pay period. I may also choose this in addition to deferring pre-tax contributions. **Not all employers offer the Roth 403(b) option.**

After-Tax Contributions: % (Preferred) and/or \$. I wish to make non-deductible after-tax contributions (non-Roth 403(b)) to my Adventist Retirement account from my eligible salary every pay period. I may also choose this in addition to deferring pre-tax and/or Roth contributions.

Acknowledgement (Please initial the applicable boxes below)

I agree that my employer may reduce my salary by the percentage and/or dollar amount which I have indicated above to my Adventist Retirement account. I understand that Adventist Retirement may limit my contributions in order to comply with federal law and the Plan document. I understand that if my employee deferral amount is less than 3%, I will not receive the maximum employer match if applicable.

I DO NOT WISH to participate in a salary reduction agreement with Adventist Retirement at this time. I understand that by not participating I will not receive the employer matching contribution if applicable. I further understand that I may elect to participate in the Plan at any time (if I am eligible) in the future, and it will be my responsibility to contact my Human Resources Department at that time.

I understand that it is my responsibility to designate my beneficiaries by logging on to my account with Empower at <https://participant.empower-retirement.com>. **The account will be accessible 15 days after the first payroll check has been issued.**

I understand and acknowledge that I am responsible for reviewing and selecting my investment options. I understand any eligible contributions I receive will be automatically invested in the Target Maturity Model until I select my investment options. I can review or change my Investment selection at any time by logging on to my account with Empower Retirement at <https://participant.empower-retirement.com>. If I do not proactively choose my investment options, it will automatically default to the Target Maturity Model for my age bracket.

Employee Signature

Date

Return this form to your Payroll Office.

The 403(b) Salary Reduction Agreement instructs your employer to deposit a portion of your salary to your retirement account in the Adventist Retirement Plan. Please visit www.adventistretirement.org for more information about our 403(b) Retirement Plan. Please designate your Beneficiary immediately with Empower Retirement by going to <https://participant.empower-retirement.com>