Adventist Retirement Plan
Salary Reduction Agreement
Beneficiary Designation Form

Plan ID#93406-01

☐ **New Enrollment** ☐ **Beneficiary Change** ☐ **Deferral Change**

Name: _____ **SSN:**_____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Voluntary Contributions

☐ I wish to make employee pre-tax contributions to my ARP account from my eligible salary every pay period: _____% (Preferred) or $_____ and/or,

☐ I wish to make employee Roth 403(b) after-tax contributions to my ARP account from my eligible salary every pay period (Not all employers provide the Roth 403(b) option): _____% (Preferred) or $_____ and/or

☐ I wish to make non-deductible after-tax contributions (non-Roth 403(b) to my ARP account from my eligible salary every pay period: _____% (Preferred) or $_____

Beneficiary Designation (complete only if you are enrolling or changing your beneficiary)

If married, you may only designate your spouse as Primary Beneficiary on this form. To name more than one beneficiary or to name someone other than your spouse, you must complete an Alternative Beneficiary Designation Form.

	Primary Beneficiary	**Contingent Beneficiary**
Name:	_____	_____
SSN:	_____	_____
Relationship:	_____	_____
Address:	_____	_____
City:	_____	_____
State/Zip:	_____ / _____	_____ / _____
Date of Birth	_____	_____

Employee Signature (please select one paragraph below)

☐ I DO NOT WISH to participate in a salary reduction agreement with ARP at this time. I understand that by not participating I will be ineligible for the employer matching contribution. I further understand that I may elect to participate in the Plan in the future, and it is my responsibility to contact the Human Resources Department through my employer to do so.

☐ I agree that my employer may reduce my salary by the percentage or amount which I have elected to contribute to my ARP account. I understand that ARP may limit my contributions in order to comply with federal law and the Plan document. I understand that if my contribution rate is less than 3%, I may not receive the maximum employer match.

Employee Signature Date

Return This Form to Your Local Payroll Office