

AdventistRetirement

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 Local Hire 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.

Pre-Tax Contributions: % (Preferred) 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) 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) 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 contributions.

Acknowledgement

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 may 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 be ineligible for the employer matching contribution if applicable. I further understand that I may elect to participate in the Plan in the future, and it will be my responsibility to contact my employers Human Resources Department at that time.

I understand that I must select my beneficiary right away by logging on to my account at Empower Retirement at <https://participant.empower-retirement.com/participant/#/login>.

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 income to your retirement account in the Adventist Retirement Plan. Please visit www.adventistretirement.org for more information about our 403(b) Retirement Plan. Please update your Beneficiary Information immediately with Empower Retirement by going to <https://participant.empower-retirement.com/participant/#/login>