Prudential

Salary Reduction Agreement
Michigan Catholic Conference

Instructions

Please keep a copy of your records and bring the completed form to your Payroll Office to initiate your contribution update. The employer's copy should be used to adjust payroll records and then should be filed permanently.
Attention: It is not necessary to return this form to Prudential.

If you are a new *participant* you must also complete the "Enrollment Form" before authorizing payroll reductions. Your plan administrator or payroll department will be able to furnish you with the name of a qualified enrolling representative or call our toll free number. Unless a properly completed "Enrollment Form" is received, an account cannot be established for you.

You are:

❑ A new participant ❑ Increasing contributions _____ *previous amount* ❑ Decreasing contributions

About You

Plan number: 0 0 8 1 4 7

Sub plan number (if applicable): 0 0 0 0 0 1

Questions?
Call 1-877-778-2100
for assistance.

Social Security number: ___ - __ - ____

Daytime telephone number: ___ - ___ - ____
area code

First name _____ MI ___ Last name _____

Contribution Agreement

For the purpose of obtaining the benefits of Section 403(b) of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

❑ **Before-Tax Contribution Election.** I wish to contribute $ ___ , ___ .00 OR ___ % of my salary (please fill in % in whole percentages) per pay period.

❑ **Roth Contribution Election.** I wish to contribute $ ___ , ___ .00 OR ___ % of my compensation per pay period on a Roth (post-tax) basis.

❑ Weekly ❑ Bi-Weekly ❑ Monthly

Beginning with the pay period date ___ ___ ____
month *day* *year*

The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution under the above mentioned plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This salary reduction agreement is legally binding and irrevocable with respect to amounts paid while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's 403(b) plan.

Your Authorization

I hereby authorize my employer to make payroll deductions as I have indicated.

X _____ *Date* _____

Participant's signature