



Dr Franklin Perkins School

403(b) Retirement Plan

Decline and Deferral Change Authorization Form

Section I—General Information

Last Name

First Name

____XXX-XX-_____
Social Security Number (Last 4 digits only)

Section II—Contribution Election

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I understand that I am eligible to make elective deferrals to the Plan but elect not to make elective deferrals to the Plan until further notice.

☐

In accordance with the provisions of the Plan, I elect to change my pre-tax salary deferral contribution to _____% or \$_____ per pay period to the Plan.

☐

In accordance with the provisions of the Plan, I elect to stop my pre-tax salary deferral contributions to the Plan.

☐

In accordance with the provisions of the Plan, I elect to change my post-tax Roth contribution to _____% or \$_____ per pay period to the Plan.

☐

In accordance with the provisions of the Plan, I elect to stop my post-tax Roth contributions to the Plan.

- Contributions to the Plan may be changed at any time.
- Contributions to the Plan may be stopped at any time.

Section III—Signature

Signature

Date