

(EMPLOYER NAME)

SAMPLE SECTION 403(b) THRIFT PLAN CONTRIBUTION ELECTION FORM

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

The 403(b) Thrift Plan has been explained to me and I have been given a summary plan description. I understand that I may voluntarily choose to have my pay reduced for contributions to the plan.

ELECTION TO CONTRIBUTE

I elect to designate my contributions as Traditional Pre-tax Contributions and/or Designated Roth Contributions (after-tax contributions) as follows:

_____ % or \$ _____ per pay period: Traditional Pre-tax

_____ % or \$ _____ per pay period: Designated Roth Contributions (after-tax)

I am aware that:

- 1) My contributions and earnings cannot be withdrawn or paid until I attain age 59-1/2 or upon my death, disability, or termination of employment. My contributions may be available in the event of serious financial hardship (according to IRS rules).
- 2) Any portion of my contributions that I elect to be Designated Roth Contributions are after-tax and will be subject to regular income tax as part of my regular taxable pay. Distributions of Designated Roth Contributions will not be taxable when distributed from the Plan, but earnings on them may be taxable.
- 3) Any election to treat all or part of my contribution as Designated Roth Contributions (after-tax) is irrevocable once the contributions are deducted from my pay.
- 4) Loans are not permitted from any of my contributions which I elect as Designated Roth Contributions (after-tax).

EMPLOYEE SIGNATURE

DATE

ELECTION NOT TO CONTRIBUTE

I do not wish to contribute to the plan at this time. I understand that, if the plan provides for matching employer contributions, I will not be entitled to such contributions during the time I am not contributing. I also understand that I may elect to contribute in the future by completing a contribution election form and an enrollment form and filing them with my employer.

EMPLOYEE SIGNATURE

DATE

EMPLOYER REPRESENTATIVE

DATE RECEIVED

NOTE TO EMPLOYERS

THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S RECORDS OF THE PLAN.

EMPLOYERS SHOULD REVIEW THIS SAMPLE PAYROLL AUTHORIZATION FORM WITH LEGAL COUNSEL IN PARTICULAR REGARDING ANY APPLICABLE STATE LAW THAT MAY AFFECT THIS DOCUMENT.