Salary Reduction Agreement & Beneficiary Designation Form

❑ **New Enrollment** ❑ **Beneficiary Change** ❑ **Deferral Change**

Employee Information

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Voluntary Contribution

❑ I wish to make employee pre-tax contributions to the Adventist Retirement Plan in the following percentage of my eligible salary every pay period: _____%

❑ I wish to make employee pre-tax contributions to the Adventist Retirement Plan every pay period in the amount of $ _____.

❑ I do not wish to make any voluntary contributions.

Beneficiary Designation *(complete only if you are enrolling in the Plan 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

Name: _____

SSN: _____

Relationship: _____

Address: _____

City: _____ State: _____

ZIP: _____ Birth Date: _____

Contingent Beneficiary

Name: _____

SSN: _____

Relationship: _____

Address: _____

City: _____ State: _____

ZIP: _____ Birth Date: _____

Employee Signature *(must select one below)*

❑ I DO NOT WISH to participate in a salary reduction agreement with the Adventist Retirement Plan 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 the Adventist Retirement Plan, which is a tax-deferred savings plan. I understand that the Adventist Retirement Plan may limit my contributions in order to comply with federal law and the Plan document.

Attention K-12 Educational Employees!

K-12 educational employees who have 10-month contracts may receive an upward adjustment in remuneration to fully compensate them for their estimated employer contribution loss. These employees are urged to contribute this pay adjustment to their voluntary defined contribution account.

_____ I **am / am not** including the special pay increase in the voluntary contribution section above.

(*Employee Initial*) (*circle one*)

_____

Employee Signature Date

For Processing Please Return This Form to Your Local Payroll Office

Questions about this form may be directed to 1-888-568-2542, Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time