

RETIREMENT PLAN ELECTION FORM

EMPLOYEE INFORMATION
Date Requested: Employee ID Employee Date of Employee Name: Birth:
Department Phone/Extension:
CONTRIBUTION LEVEL
The amount indicated below will be deducted from your pay beginning with the next pay period. You can make changes at any time by contacting the Payroll Office. The percentage of your paycheck reduction must be in whole % increments or you can choose the IRS maximum allowable contribution. You will receive separate instructions on how to choose your investment allocations from our record keeper TIAA and can also find additional information on plan options at www.tiaa.org/augustana
Indicate your contribution level(s) below.
☐ Pre-Tax Deferral Percentage%
☐ Roth (After Tax) Deferral Percentage%
☐ Non-Participant – no deferral or employer match <u>0</u> %
☐ IRS Maximum: \$19,500 ☐ Pre-Tax ☐ Roth (After Tax)
☐ Catch Up Elections. I am age 50 or over. \$6,500. ☐ Pre-Tax ☐ Roth (After Tax)
☐ Total Contribution (Pre-Tax + Roth):% or Total Dollar Amount for IRS Maximum \$
10tal Contribution (Fie-rax + Roth)90 of Total Dollar Amount for IRS Maximum \$
I authorize Augustana College to reduce my pay effective the beginning of the next pay cycle following the date in which this agreement is executed. I understand this agreement is legally binding, and if I wish to change my election, I will complete a new form that will become effective with the next pay cycle after the form is received by Augustana Human Resources. I understand that if I am contributing less than 10%, my election will automatically be increased by 1% at the start of each new plan year (January 1) until my election reaches 10%. If my employment with Augustana ends, contributions will end automatically with my last paycheck.
Employee Signature Date
FOR HUMAN RESOURCE USE ONLY
Date Received:
HR Signature: