



AUTHORIZATION FOR OPTIONAL EMPLOYEE AFTER-TAX CONTRIBUTIONS

A1

To be completed by Participant and Association

I. Participant Information

Participant Name _____ <small>(First, Middle, Last)</small>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Social Security Number										
Home Address _____ <small>(Street)</small>	Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <small>(MM/DD/YYYY)</small>										
_____ <small>(City, State, Zip)</small>	<small>(area code)</small> _____ <small>(area code)</small> _____ Home Phone Number Work Phone Number										
E-mail: _____	<small>(area code)</small> _____ Cell Phone Number										

II. Participant Election

Please indicate your annual salary \$_____. **Note: Any participant who is considered a Highly Compensated Employee may not make Optional Employee After-Tax contributions. If you earned more than \$130,000 in 2019 you cannot make contributions in 2020. This amount is indexed annually.**

[Please indicate your election by checking the appropriate box.]

Begin or Change Rate Of Optional Employee After-Tax Contribution Through Payroll Deduction To:

1% 2% 3% 4% 5% 6% 7% 8% 9% 10% **Effective** _____
(MM/DD/YYYY)

Or

Fixed Dollar Amount Per Payroll Period: \$ _____ **Effective** _____
(Must be whole dollar amount and at least 1% but not to exceed 10% of participant compensation for the year.) (MM/DD/YYYY)

Discontinue Optional Employee Contribution: Effective _____
(MM/DD/YYYY)

III. Participant Signature

I elect to begin, change, or discontinue my Optional Employee After-Tax Contribution as indicated above. I understand my election will remain in effect until I complete and submit another Authorization for Optional Employee After-Tax Contributions form notifying the Fund and my Association of my desired change.

▶ **Signature of Participant** _____ **Date** _____

IV. Association Authorization

This authorization form has been reviewed and recorded. *(must be signed by an Executive Director or Authorized Representative)*

Association _____

Name _____ Title _____

Signature _____ Date _____

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