



**AUTHORIZATION FOR OPTIONAL EMPLOYEE AFTER-TAX CONTRIBUTIONS**

**A1**

To be completed by Participant and Association

**I. Participant Information**

Participant Name (First _____ Middle _____ Last _____)	<table border="1"> <tr> <td> </td><td> </td><td> </td><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 (Street) _____	Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male (Month/Day/Year)													
(City _____ State _____ Zip _____)	(area code) _____ (area code) _____ Home Phone Number Work Phone Number													
E-mail: _____	(area code) _____ 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 \$120,000 in 2016 you cannot make contributions in 2017. 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** \_\_\_\_\_  
(month/day/year)

**Or**

**Fixed Dollar Amount Per Payroll Period: \$** \_\_\_\_\_ **Effective** \_\_\_\_\_  
(must be at least 1% but not to exceed 10% of participant compensation for the year) (month/day/year)

**Discontinue Optional Employee Contribution: Effective** \_\_\_\_\_  
(month/day/year)

**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 \_\_\_\_\_