



Employees, return this completed form to your employer and retain a copy for your records.

If you are enrolling as a new participant, in addition to completing this form, log in to Benefits Connect, the benefits website of the Board of Pensions, at pensions.org/benefitsconnect. In Benefits Connect, indicate you want to participate in the Retirement Savings Plan of the Presbyterian Church (U.S.A.). You will then receive an email from Fidelity Investments, the plan record keeper, with instructions for setting up your Fidelity account and specifying your investment choices. (If you do not use Benefits Connect to elect benefits, your employer will tell you how to initiate this process.) If you have questions, please call the Board of Pensions at 800-PRESPLAN (800-773-7752) (TTY: 711) or Fidelity at 800-343-0860 (mention plan #57887).

Your Salary Deferral Agreement is a written, legally binding agreement between you and your employer. It is an agreement whereby you direct your employer to reduce compensation not yet currently available by a specific percentage. Your employer then sends this amount to your account in the Retirement Savings Plan. You may change or cancel the percentage of your salary deferral contributions at any time for compensation not yet currently available. Your current Salary Deferral Agreement will continue until you sign a new agreement.

Participant's information		
Name <i>(first, middle, last)</i>		
Address		
City	State	ZIP
Phone		
Employer		
I am: <input type="checkbox"/> A new participant in the Retirement Savings Plan. <i>(Complete Contributions section.)</i> <input type="checkbox"/> Changing my contribution amount. Effective date <i>(mm/dd/yyyy)</i> : _____ <i>(Complete Contributions section.)</i> <input type="checkbox"/> A former participant in the Retirement Savings Plan who is restarting contributions. Effective date <i>(mm/dd/yyyy)</i> : _____ <i>(Complete Contributions section.)</i> <input type="checkbox"/> Ending/suspending contributions. Effective date <i>(mm/dd/yyyy)</i> : _____ <i>(Complete Employee/Employer Authorization section. Do not complete Contributions section.)</i>		

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Contributions

NOTE: Employees working for a congregation or employer in Puerto Rico are not eligible to make Retirement Savings Plan contributions.

Pretax deferral contributions

I hereby authorize my employer to deduct the following percentage amount per pay period as pretax salary deferral contributions: _____ %. I understand that this amount can only be changed by submitting a new Salary Deferral Agreement.

Roth after-tax deferral contributions

I hereby authorize my employer to deduct the following percentage amount per pay period as Roth after-tax salary deferral contributions: _____ %. I understand that this amount can only be changed by submitting a new Salary Deferral Agreement.

Catch-up contributions

I hereby authorize my employer to deduct the additional following percentage amount(s) per pay period as age-based, catch-up contributions. I hereby certify that I am age 50 or older (or will reach age 50 during this calendar year).

Pretax: _____ %

Roth after-tax: _____ %

I hereby authorize my employer to deduct the additional following percentage amount(s) per pay period as age-based *super* catch-up contributions. I hereby certify that I am age 60-63 (or will reach age 60 during this calendar year). In the calendar year I turn 64, my age-based *super* catch-up contributions will return to the age 50 catch-up contribution limits.

Pretax: _____ %

Roth after-tax: _____ %

I hereby authorize my employer to deduct the additional following percentage amount(s) per pay period as service-based catch-up contributions. I hereby certify that I have worked at least 15 years with a congregation or employer of the Presbyterian Church (U.S.A.) and that I have not exceeded the lifetime maximum for 15-years-of-service catch-up contributions. If age 50 or older, I understand that these 15-years-of-service catch-up contributions will be deducted before any age-50 catch-up contributions (see above).

Pretax: _____ %

Roth after-tax: _____ %

Beginning date of contributions (mm/dd/yyyy)

The IRS limits the amount of compensation you can contribute annually to retirement plans. The limit includes contributions to all 403(b) and 401(k) plans for all employers for whom you have worked during a calendar year. In the event you exceed the annual limit, the excess will be returned to you and you will be responsible for applicable taxes. It is your responsibility to ensure that the contribution limit has not been exceeded as a result of contributions to any employer's plan. Your employer can provide you with the applicable limits for the current calendar year. Alternatively, you can call Fidelity at 800-343-0860 or visit pensions.org for information about contribution limits.

By signing this form, you permit the Board of Pensions, Fidelity, and your employer to share information regarding your account to ensure compliance with all applicable laws.

Employee signature

Date (mm/dd/yyyy)

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To be completed by employer	
<p>You (the employer) must remit to Fidelity all contributions withheld from employee earnings after the date of this agreement. Fidelity will credit contributions, when received, to the employee account.</p> <p>By signing this form, you are:</p> <ol style="list-style-type: none"> 1) verifying that it is complete and accurate 2) agreeing to remit the participant's contributions to Fidelity as soon as practicable but in no event later than 15 business days following the month in which contributions are withheld from the employee's pay 3) verifying that the amounts set forth above do not violate the applicable contribution limits for the current calendar year 4) agreeing to monitor the employee's contribution limits and to educate the employee on such limits 	
Authorized employer representative signature <i>(Cannot be the submitting employee)</i>	Date (mm/dd/yyyy)

Employee/employer authorization for ending or suspending contributions	
<p>Complete this section if you selected <i>Ending/suspending contributions</i> in the Participant's information section on page 1. I hereby authorize the changes regarding my salary deferral contributions as indicated in this agreement.</p>	
Effective date of change(s) (mm/dd/yyyy)	
Employee signature	Date (mm/dd/yyyy)
Authorized employer representative signature <i>(Cannot be the submitting employee)</i>	Date (mm/dd/yyyy)
<p>This form is provided by The Board of Pensions of the Presbyterian Church (U.S.A.). Fidelity Investments is not responsible for its content.</p>	

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