



**Return this completed form to your employer and retain a copy for your records.**

If you are enrolling as a new participant, please also complete the enrollment form and return it to your employer and retain a copy for your records. If you have questions, please call the Board of Pensions at 800-773-7752 (800-PRESPLAN) or Fidelity at 800-343-0860. (Please 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 or amount. Your employer then sends this amount to your account in the Retirement Savings Plan. You may change or cancel the percentage or amount 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. For most people, it is wise to designate contributions as a percentage of salary rather than a fixed dollar amount.

If your salary increases during the year, your contributions will increase automatically without having to complete a new agreement.

## Participant's Information

Name (first, middle, last) \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Employer \_\_\_\_\_ Employer PIN \_\_\_\_\_

I am:

- A new participant in the Retirement Savings Plan. I have also completed a Fidelity enrollment form.  
(Complete Contributions section.)
- Changing my contribution amount. Effective date \_\_\_\_\_  
(Complete Contributions section.)
- A former participant in the Retirement Savings Plan who is re-starting contributions. Effective date \_\_\_\_\_  
(Complete Contributions section.)
- Ending/suspending contributions. Effective date \_\_\_\_\_  
(Complete Employee/Employer Authorization section. Do not complete Contributions section.)



# Contributions

## Pretax Deferral Contributions

I hereby authorize my employer to deduct the following dollar or percentage amount per pay period as pretax salary deferral contributions: \_\_\_\_\_. Please indicate either dollars (\$) or percentage (%). 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 dollar or percentage amount per pay period as Roth after-tax salary deferral contributions: \_\_\_\_\_. Please indicate either dollars (\$) or percentage (%). 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 dollar or 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:\_\_\_\_\_dollars (\$) or percentage (%) Roth after-tax:\_\_\_\_\_dollars (\$) or percentage (%)

I hereby authorize my employer to deduct the additional following dollar or percentage amount(s) per pay period as service-based, catch-up contributions. I hereby certify that I have worked at least 15 years with an employing organization(s) of the Presbyterian Church (U.S.A.).  
Pretax:\_\_\_\_\_dollars (\$) or percentage (%) Roth after-tax:\_\_\_\_\_dollars (\$) or percentage (%)

**NOTE: Employees working for an employing organization in Puerto Rico are not eligible to make RSP contributions.**

Beginning date of contributions: *(mm/dd/yyyy)* \_\_\_\_\_

The Internal Revenue Service 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)* \_\_\_\_\_



## Employer

The employer must remit all contributions withheld from earnings received after the date of this agreement. All contributions, along with an Initial Contribution Remittance Form, shall be sent by the employer to:

Fidelity Investments Tax-Exempt Operations  
P. O. Box 770002, Cincinnati, OH 45277-0089

When Fidelity receives contributions, Fidelity will credit such contributions to the account of the employee and send a confirming invoice (Contribution Remittance Form) to the employer.

Employer: Please examine the information in this Salary Deferral Agreement to confirm that it is complete and correct before signing. By signing this form, you are 1) verifying its accuracy; 2) agreeing to remit the participant's contributions to Fidelity as soon as practicable but in no event later than fifteen (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; and 4) agreeing to monitor the employee's contribution limits and to educate the employee on such limits.

Employer signature *(Not the same as employee above)*

Date *(mm/dd/yyyy)*

## Employee/Employer Authorization

Complete this section if you selected "Ending/suspending contributions" in the **Participant's Information section** on page 1.

I hereby authorize the changes regarding my salary deferral contributions as indicated in this agreement.

Effective date of change(s): *(mm/dd/yyyy)*

Employee signature

Date *(mm/dd/yyyy)*

Employer signature

Date *(mm/dd/yyyy)*

**This form is provided by The Board of Pensions of the Presbyterian Church (U.S.A.). Fidelity Investments is not responsible for its content.**