



Tax-Sheltered Annuity Program Election Form

Employee: _____ Social Security Number: _____

Employer: _____ Effective Date: _____
(Parish, School, or Affiliated Organization)

The contributions you elect below will begin with your employer's next scheduled payment following the effective date.

Before submitting this election form to the employer and before a vendor can accept any contributions, you must first complete an enrollment form with the selected vendor(s).

These elections are subject to the plan terms of the Archdiocese and vendor policies. You are responsible for reporting to your vendor(s) any information that affects the legal limits for employee and employer contributions. Contact the vendor(s) for more information.

EMPLOYER CONTRIBUTION ELECTION

I authorize my employer to distribute the employer-paid TSA 403(b) contributions to the vendor(s) indicated below. Percentages must total 100%.

AXA EQUITABLE	_____ 100% of contribution	OR	_____ % of contribution
TIAA-CREF	_____ 100% of contribution	OR	_____ % of contribution
VALIC	_____ 100% of contribution	OR	_____ % of contribution
VOYA (was ING)	_____ 100% of contribution	OR	_____ % of contribution

EMPLOYEE CONTRIBUTION ELECTION AGREEMENT (NOT REQUIRED)

You may choose between regular contributions and Roth contributions or a combination of both.

I authorize my employer to reduce my compensation and distribute it to the vendor(s) indicated below:

	Regular 403(b) Account		Roth 403(b) Account
AXA EQUITABLE	_____ % OR \$_____ each pay period		_____ % OR \$_____ each pay period
TIAA-CREF	_____ % OR \$_____ each pay period		Roth not available
VALIC	_____ % OR \$_____ each pay period		_____ % OR \$_____ each pay period
VOYA (was ING)	_____ % OR \$_____ each pay period		_____ % OR \$_____ each pay period

I do not want to contribute by having my employer reduce my compensation at this time. _____

This agreement replaces any previous agreements and will remain in force until any of these events occurs:

- ❖ A new agreement is received and signed by the employer, subject to the conditions for changing TSA elections stated by the Archdiocese of Portland.
- ❖ The employee ceases to be eligible for the TSA program.
- ❖ The employer or the Archdiocese of Portland terminates or modifies the TSA program.

AGREED BY THE EMPLOYEE:

AGREED BY THE EMPLOYER:

Employee Signature Date

Employer Signature Date