

Murray County Public Schools Retirement Plan

Salary Reduction Agreement

Step 1: Tell us about yourself

Choose the appropriate title: Mr. Mrs. Miss Ms. Dr. Other

Name: _____ SS#: - - -
Last First M.I.

Address: _____
Street City State Zip

Birth date: / / Date of hire: / / Married Not married

Daytime phone: () - Occupation: _____

Evening phone: () - Work hours: _____

Step 2: Tell us if you want to contribute

I want to contribute through salary deferrals.

<input type="checkbox"/> Pre-tax contributions	Tell us what dollar amount or percentage of your salary, per pay period, in whole numbers:	\$	or	%
<input type="checkbox"/> Roth after-tax contributions	Tell us what dollar amount or percentage of your salary, per pay period, in whole numbers:	\$	or	%

The first payroll deduction will take place as soon as administratively possible after we receive this form.

I do not want to contribute through salary deferrals. Complete only **Step 4: Sign your name.**

Step 3: Read these statements carefully

- The employer will reduce your pay by the amount indicated (in Step 2 above) per pay period. The employer will send this amount to the provider as contributions.
- The first payroll deduction will take place as soon as administratively possible after we receive this form.
- While employment continues, this agreement legally binds both you and the employer for amounts deferred while it is in effect. A new agreement must be submitted to change your percentage.
- This agreement will apply only to amounts not yet currently available to you. It will not apply to any amounts earned after the agreement is terminated.
- If you do not provide investment choices, your contributions will be invested in the default fund chosen by your employer.

Step 4: Sign your name

By signing below, I certify that I have read, understand and agree to the terms of the **Salary Reduction Agreement**. The signature of the plan administrator certifies that the plan administrator also agrees to the **Salary Reduction Agreement**.

X _____ Date _____
Participant's signature

Return this form to: The Human Resources representative(s) for your facility

