

GENEVA CUSD 304
403(b) PAYROLL DEDUCTION AUTHORIZATION

Employee Name _____ Building _____
(Please print)

During the initial 2009 transition period to the new 403(b) regulations, the Geneva Payroll Dept. will accept changes to 403(b) accounts each payroll period until the **planwithease.com**[®] procedures are in place. The payroll deduction will begin as soon as administratively possible.

<input type="checkbox"/>	<p>To BEGIN a 403(b) payroll deduction, please complete the following information. You <i>must</i> have an open account with one of Geneva CUSD #304's authorized providers before this information is given to the Payroll Department for processing.</p> <p>Name of Provider _____</p> <p>Amount (per pay period) _____ Annual amount _____</p> <p>Signature of Your Financial Advisor _____ Affiliation _____</p> <p>Financial Advisor Phone # _____ Acct No of 403(b) plan _____</p> <p><i>If the above information is incomplete this form will be returned to you and we will not be able to begin your payroll deduction.</i></p> <p>Minimum per pay period is \$25.00. If a percent is used it will be taken from the base salary and the minimum is 10%. Your deduction may not be 100%, due to other required payroll deductions (taxes, pensions, insurance, etc.).</p>
<input type="checkbox"/>	<p>INCREASE/DECREASE my existing 403(b) salary deduction.</p> <p>Name of Provider _____</p> <p>New Amount (per pay period) _____ New Annual amount _____</p> <p>Note: Minimum per pay period is \$25.00. If a percent is used it will be taken from the base salary and the minimum is 10%. Your deduction may not be 100%, due to other required payroll deductions (taxes, pensions, insurance, etc.).</p>
<input type="checkbox"/>	<p>STOP my existing 403(b) salary deduction.</p> <p>Name of Provider _____</p>

I understand there are certain legal restrictions to the amount I may deposit into a 403(b) on an annual basis. I have enclosed a calculation summary signed by my accountant or financial advisor for any annual deduction over the IRS imposed limit.

Employee signature	Date
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Payroll deduction accepted by:

Assistant Superintendent - Human Resources	Date
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