



Diocese of Santa Rosa

403(b) Retirement Plan

Employee Salary Deferral Election Form

Employee Name: _____

Employee Address: _____

Employee Social Security Number: _____ DOB: _____

Entity Name and City: _____

I hereby elect to revoke any previous contribution instructions and I now request that the amount(s) set forth below be deducted from my compensation for each per pay period starting with the payroll period of: _____ to my account as indicated below.

Name: Diocese of Santa Rosa Employee Savings Plan
Custodian: One America

_____ **403(b) Plan.** Amount: \$_____ or percentage _____%.
Contribution amount is subtracted from gross pay as pre-tax dollars.

_____ **403(b) Roth.** Amount: \$_____ or percentage _____%.
Contribution amount is subtracted from after-tax dollars.

I understand that the above amount or % will be withheld from my compensation and deposited in my account at OneAmerica each pay period and shall remain in place until such time as I modify this election by filing a revised Employee Salary Deferral Election form with my employer.

Signed

Date

Location administrator:

Please provide a copy to the Benefits Department at the Chancery Office