

Brewster Place Annuity Plan
Employee Retirement Contribution Agreement
for employee contributions only

Existing Employer: ID 64100			
PERSONAL INFORMATION			
Social Security Number	Name <i>(last, first, middle initial)</i>	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.	Date of birth <i>(month/day/year)</i> / /
Address <i>(number and street)</i>		City/State/ZIP	
Telephone number <i>(with area code)</i> () -		E-mail address @	
MEMBER ELECTION			
<p>This agreement is made between the member and the employer. Any changes to this agreement must be filed in accordance with procedures established by the employer. I understand that the amount of such deductions, pursuant to this election, will be withheld from my pay and paid by my employer into my account in the Plan.</p> <p>I, the undersigned Member, hereby elect to:</p> <p>Employee Pre-Tax Contributions</p> <p><input type="checkbox"/> Defer from my salary on a pre-tax basis \$ _____ (dollar amount) or _____% (percentage of salary) per pay period.</p> <p><input type="checkbox"/> Cease my pre-tax contributions.</p> <p>Employee After-Tax Contributions</p> <p><input type="checkbox"/> Deduct from my salary on an after-tax basis \$ _____ (dollar amount) or _____% (percentage of salary) per pay period.</p> <p><input type="checkbox"/> Cease my after-tax contributions.</p> <p>Designated Roth Account Contributions (DRA)</p> <p><input type="checkbox"/> Deduct from my DRA on an after-tax basis \$ _____ (dollar amount) or _____% (percentage of salary) per pay period.</p> <p><input type="checkbox"/> Cease my DRA contributions.</p> <p>Effective Date</p> <p><input type="checkbox"/> Make the effective date of the agreement as of: ____/____/____. (Date must be prospective.)</p>			

INSTRUCTIONS

You must complete Sections A, B, and C of this form

Section A: allows you to choose allocations for future contributions

Section B: allows you to reallocate your current balance (if applicable).

Section C: requires your signature and the date signed.

SECTION A: ALLOCATION OF FUTURE EMPLOYEE PRE-TAX, DRA, AND AFTER-TAX BALANCES

Allocate your future contributions in 5% increments below. Fund percentages must total 100%.

Employee Pre-Tax, After-Tax, and Designated Roth Contributions Enrollment

New Enrollment Allocation

I elect to allocate my future, Employee Pre-Tax, DRA and Employee After-Tax contributions as indicated below:

Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	Global Sustainability Index Fund	TOTAL
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
TAD Fund 2020	TAD Fund 2025	TAD Fund 2030	TAD Fund 2035	TAD Fund 2040	(Fund percentages must total 100%)
_____ %	_____ %	_____ %	_____ %	_____ %	

SECTION B: REALLOCATION OF CURRENT EMPLOYEE PRE-TAX, DRA, AND EMPLOYEE AFTER-TAX BALANCES

Allocate your future contributions in 1% increments below.

I wish to reallocate my current balances. (Continue completing this section below.)

I do not wish to reallocate my current balances. (Skip to Section C.)

Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	Global Sustainability Index Fund	TOTAL
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
TAD Fund 2020	TAD Fund 2025	TAD Fund 2030	TAD Fund 2035	TAD Fund 2040	(Fund percentages must total 100%)
_____ %	_____ %	_____ %	_____ %	_____ %	

SECTION C: SIGNATURES

Member Signature	Date
	/ /20
Employer Signature	Date
	/ /20

Please return to the Pension Boards at the address indicated below, and retain a copy for your records.