



## Employee Retirement Contribution Agreement Form

**MEMBER ID:** \_\_\_\_\_

**EMPLOYER ID: 64100**

**PERSONAL INFORMATION**

SSN: \_\_\_\_\_ Gender: [ ] M [ ] F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Member (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**MEMBER ELECTION**

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.

I, the undersigned member, hereby elect to:

Agreement effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please note: Any changes to contribution amounts will be entered on the first day of the month following the Effective Date.**

**Employee Pre-Tax (Tax-Sheltered) Contributions**

- [ ] Defer from my salary on a pre-tax basis of \$ \_\_\_\_\_ or \_\_\_\_\_% per pay period.
- [ ] Cease my pre-tax contributions.

**Employee After-Tax Contributions**

- [ ] Deduct from my salary on an after-tax basis of \$ \_\_\_\_\_ or \_\_\_\_\_% per pay period.
- [ ] Cease my after-tax contributions.

**PAYROLL DEDUCTIONS – EMPLOYEE ELECTIONS**

**Compensation Frequency**

- [ ] Monthly (12 paychecks per year) [ ] Twice monthly (24 paychecks per year)
- [ ] Bi-Weekly (26 paychecks per year) [ ] Weekly (52 paychecks per year)

## INVESTMENT ALLOCATIONS

Information about our funds are available online.

|                                                        | Sustainable<br>Balanced<br>Fund                   | Bond<br>Fund | Equity<br>Fund | Stable<br>Value<br>Fund | Global<br>Sustainability<br>Index Fund | TAD<br>Fund<br>2025 | TAD<br>Fund<br>2030 | TAD<br>Fund<br>2035 | TAD<br>Fund<br>2040 | TAD<br>Fund<br>2045 | TAD<br>Fund<br>2050 | <b>Fund<br/>percentage<br/>must total<br/>100%</b> |
|--------------------------------------------------------|---------------------------------------------------|--------------|----------------|-------------------------|----------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------------------------------------|
| Allocation of Future Contributions (5% increments)     |                                                   |              |                |                         |                                        |                     |                     |                     |                     |                     |                     |                                                    |
| 1                                                      | Employer<br>Contributions                         | %            | %              | %                       | %                                      | %                   | %                   | %                   | %                   | %                   | %                   | Total:<br>_____%                                   |
| 2                                                      | Employee<br>TSA and<br>After-Tax<br>Contributions | %            | %              | %                       | %                                      | %                   | %                   | %                   | %                   | %                   | %                   | Total:<br>_____%                                   |
| Reallocation of Current Balances (1% increments below) |                                                   |              |                |                         |                                        |                     |                     |                     |                     |                     |                     |                                                    |
| 3                                                      | Employer<br>Contributions                         | %            | %              | %                       | %                                      | %                   | %                   | %                   | %                   | %                   | %                   | Total:<br>_____%                                   |
| 4                                                      | Employee<br>TSA and<br>After-Tax<br>Contributions | %            | %              | %                       | %                                      | %                   | %                   | %                   | %                   | %                   | %                   | Total:<br>_____%                                   |

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## SIGNATURES

I understand that the amount of such reduction, pursuant to this election, will be withheld from my pay on a pre-tax and/or after-tax basis, as specified above, and will be paid by my employer into my account in the Brewster Plan.

I understand that (1) my election regarding elective deferrals is irrevocable once the employer withholds the deferrals from my pay; and (2) any changes in elective deferrals is effective only for deferrals from pay I received after the plan administrator accepts my change of election.

I further understand that written notice must be given before the effective date of any modification. This election will remain in effective until I revoke it in writing or until I complete a new Employee Retirement Contribution Agreement.

Member Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note: Employer signature is only required if there is a change in the Member Election section of this form.

Please return this signed and completed form by email to: [info@pbucc.org](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.