

**Employee Retirement Contribution Agreement (ERCA\*)**  
for employee contributions only

PLEASE CHECK THE APPROPRIATE ACCOUNT			
Please check below for billing purposes:			
<input type="checkbox"/> Existing Employer: ID _____ (locate Employer ID on billing statement)			
<input type="checkbox"/> Self Pay			
<input type="checkbox"/> New Employer			
PERSONAL INFORMATION			
Social Security Number	Name (last, first, middle initial)	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.	Date of birth (month/day/year)  / /
Address (number and street)		City/State/ZIP	
Telephone number (with area code) (     )     -		E-mail address  @	
MEMBER ELECTION			
<b>Enrollment</b>			
<input type="checkbox"/> New Enrollment Allocation <input type="checkbox"/> Change Existing Allocation			
I, the undersigned Member, hereby elect to:			
<b>Pre-Tax (Tax-Sheltered) Contributions</b>			
<input type="checkbox"/> Defer from my salary on a pre-tax basis \$ _____ (dollar amount) or _____ % (percentage of salary) per pay period.			
<input type="checkbox"/> Cease my pre-tax contributions.			
<b>After-Tax Contributions</b>			
<input type="checkbox"/> Defer from my salary on an after-tax basis \$ _____ (dollar amount) or _____ % (percentage of salary) per pay period.			
<input type="checkbox"/> Cease my after-tax contributions.			
<b>Compensation Frequency</b>			
<input type="checkbox"/> Monthly (12 paychecks per year)		<input type="checkbox"/> Twice monthly (24 paychecks per year)	
<input type="checkbox"/> Bi-Weekly (26 paychecks per year)		<input type="checkbox"/> Weekly (52 paychecks per year)	
<b>Effective Date</b>			
<input type="checkbox"/> Make the effective date of the agreement as of: ____/____/____. (Date must be prospective.)			
SALARY INFORMATION			
Information	Amount	Effective Date	
Salary	\$ _____	____/____/20____	
Housing	\$ _____	____/____/20____	
<i>Note: If enrolling in the Employee Pre and/or Post-Tax Contributions, new employers must complete an Annuity Plan Enrollment Application form along with ERCA* form.</i>			

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

**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 AND AFTER-TAX FUNDS**

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

**Employee Pre-Tax and After-Tax Contributions**

I elect to allocate my future Employee Pre-Tax and 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 AND 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**

I understand 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 Annuity Plan. I understand: (1) my election regarding elective deferrals is irrevocable once the employer withholds the deferrals from my pay; and (2) any changes of election regarding elective deferrals is effective only for deferrals from pay I receive 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 effect until I revoke it in writing or until I complete a new Employee Retirement Contribution Agreement.

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

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