



The Pension Boards
United Church of Christ, Inc.
WHERE FAITH AND FINANCE INTERSECT

Employee Pre-Tax Retirement Contribution Agreement Form

Formerly the "TSA Salary Reduction Agreement"

MEMBER ID: _____

Complete this form for pre-tax salary reduction contributions.

Please check for billing purposes:

☐ Existing Employer ID: _____ (locate ID on billing statement)

☐ Self Pay

PERSONAL INFORMATION

SSN: _____ Date of Birth: _____

Name of Member (last, first, middle initial): _____ Title: _____

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: _____

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.

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

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

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 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 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 I in writing or until I complete a new Employee Pre-Tax Retirement Contribution Agreement.

Member Signature _____ Date: _____

Employer Signature _____ Date: _____

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