



Employee Pre-Tax Retirement Contribution Agreement Form

MEMBER ID: _____

Please check for billing purposes:

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

Self Pay

PERSONAL INFORMATION

SSN: _____ Gender: M F Date of Birth: ____/____/____ Title: Rev. Dr.

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

- 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 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 Contributions	%	%	%	%	%	%	%	%	%	%	Total: _____%
Reallocation of Current Balances (1% increments below)												
3	Employer Contributions	%	%	%	%	%	%	%	%	%	%	Total: _____%
4	Employee TSA and After-Tax Contributions	%	%	%	%	%	%	%	%	%	%	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 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 effective until I revoke it in writing, or until I complete a new Employee Pre-Tax Retirement Contribution Agreement.

Member Signature _____ Date: ____/____/____

Employer Signature _____ Date: ____/____/____

(Please note: An 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; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.