

RETIREMENT PLAN ELECTION FORM

EMPLOYEE INFORMATION	
Date Requested:	Employee ID Employee Date of
Employee Name:	Birth:
Department	Phone/Extension:
	CONTRIBUTION LEVEL
any time by contacting the Pay can choose the IRS maximum over, you may choose to contril	ill be deducted from your pay beginning with the next pay period. You can make changes at roll Office. The percentage of your paycheck reduction must be in whole % increments or you allowable contribution. The 2025 IRS maximum contribution limit is \$23,500 . If you are 50 or bute up to an additional \$7,500 in contributions. You will receive separate instructions on how cations from our record keeper TIAA and can also find additional information on plan options
Please indicate your contribution percentage(s) below.	
☐ Pre-Tax Deferral Percentage%	
□ Roth (After Tax) Deferral Percentage%	
□ Non-Participant – no deferral or employer match 0%	
☐ Total Contribution (Pre-Tax + Roth):%	
I authorize Augustana College to reduce my pay effective the beginning of the next pay cycle following the date in which this agreement is executed. I understand this agreement is legally binding, and if I wish to change my election, I will complete a new form that will become effective with the next pay cycle after the form is received by Augustana Human Resources. I understand that if I am contributing less than 10%, my election will automatically be increased by 1% at the start of each new plan year (January 1) until my election reaches 10%. If my employment with Augustana ends, contributions will end automatically with my last paycheck.	
Employee Signature	Date
FOR HUMAN RESOURCE USE ONLY	
Date Received:	
HR Signature:	