



## Diocese of Santa Rosa

403(b) Retirement Plan

### Employee Salary Deferral Election Form

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Entity Name and City: \_\_\_\_\_

I hereby elect to revoke any previous contribution instructions and I now request that the amount(s) set forth below be deducted from my compensation for each per pay period starting with the payroll period of: \_\_\_\_\_ to my account as indicated below.

Name: Diocese of Santa Rosa Employee Savings Plan  
Custodian: One America

\_\_\_\_\_ **403(b) Plan.** Amount: \$\_\_\_\_\_ or percentage \_\_\_\_\_%.  
**Contribution amount is subtracted from gross pay as pre-tax dollars.**

\_\_\_\_\_ **403(b) Roth.** Amount: \$\_\_\_\_\_ or percentage \_\_\_\_\_%.  
**Contribution amount is subtracted from after-tax dollars.**

I understand that the above amount or % will be withheld from my compensation and deposited in my account at OneAmerica each pay period and shall remain in place until such time as I modify this election by filing a revised Employee Salary Deferral Election form with my employer.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**For location use only:**

Date form rec'd: \_\_\_\_\_ Deduction entered in IBS: \_\_\_\_\_

If Chancery does payroll, provide copy to Diocesan Benefits Office: \_\_\_\_\_