



## 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

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

\_\_\_\_\_ **ROTH 403(b)** 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**For location use only:**

Date form rec'd: \_\_\_\_\_

Deduction entered in IBS: \_\_\_\_\_

If the Chancery processes your entity's payroll, FAX a copy to confidential # 707-566-3381: \_\_\_\_\_