

To be completed by the participant and their association.

**I. Participant Information**

First Name		Middle Name		Last Name	
Street Address		Apt.	City	State	Zip
Date of Birth (MM/DD/YYYY)		Social Security Number:			
( )		( )		( )	
Home Phone		Work Phone		Cell Phone	
Email Address		Birth Sex:	Female	Male	
		Gender Identity (optional)		Pronouns (optional)	

**II. Participant Election**

\$ \_\_\_\_\_  
Please Indicate Your Annual Salary

Note: Any Participant who is considered a Highly Compensated Employee may not make Optional Employee After-Tax contributions. If you earned more than \$130,000 in 2020, you cannot make contributions in 2021. This amount is indexed annually.

Please indicate your election by selecting **ONE** of the options below

Begin or change rate of Optional Employee After-Tax Contribution through payroll deduction to:

1%     2%     3%     4%     5%     6%     7%     8%     9%     10%

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Fixed dollar amount per payroll period: \$ \_\_\_\_\_  
Must be whole dollar amount and at least 1% but not to exceed 10% of participant compensation for the year.

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Discontinue Optional Employee Contribution

Effective Paycheck Date (MM/DD/YYYY)

**III. Participant Signature**

I elect to begin, change, or discontinue my Optional Employee After-Tax Contribution as indicated above. I understand my election will remain in effect until I complete and submit another Authorization for Optional Employee After-Tax Contributions form notifying the Fund and my Association of my desired change.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**IV. Association Authorization**

This authorization form has been reviewed and recorded. (must be signed by a CEO/Executive Director or Authorized Representative)

\_\_\_\_\_  
Association

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date