Salary Reduction Agreement & Beneficiary Designation Form

☐ New Enrollment ☐ Beneficiary Change ☐ Deferral Change

Employee Information

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Voluntary Contribution

☐ ARE, ARM, ARP — I wish to make employee pre-tax contributions to the Adventist Retirement Plan in the following percentage of my eligible salary every pay period: _____ (maximum is 3.0%)

☐ ARA — In addition to the 3.0% indicated above, I wish to make additional employee pre-tax contributions to the Adventist Retirement Plan every pay period in the amount $ _____ .

☐ ARC — I wish to catch up the employee pre-tax contributions to the Adventist Retirement Plan to 3.0% of my year to date eligible salary. _____ x 3.0% = _____ / _____ = _____

YTD Salary — missed contr. — # PP's left

☐ ARP Only — I do not wish to make any voluntary contributions.

Beneficiary Designation *(Complete only if you are enrolling in the Plan, or changing your beneficiary)*

If married, you may only designate your spouse as Primary Beneficiary on this form. To name more than one beneficiary or to name someone other than your spouse, you must complete an Alternative Beneficiary Designation form.

Primary Beneficiary

Name: _____

SSN#: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zip: _____ Birth Date: _____

Secondary Beneficiary

Name: _____

SSN#: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zip: _____ Birth Date: _____

Employee Signature (must select one below)

☐ I do not wish to participate in a salary reduction agreement with the Adventist Retirement Plan at this time. I understand that by not participating I will be ineligible for the employer matching contribution. I further understand that I may elect to participate in the Plan in the future, and it is my responsibility to contact the Payroll Office through my employer to do so.

☐ I agree that my employer may reduce my salary by the percentage and amount which I have elected to contribute to my Adventist Retirement Plan account. I understand that the Adventist Retirement Plan may limit my contributions in order to comply with federal law and the Plan document. I understand that if my contribution rate is less than 3.0%, I may not receive the maximum employer match.

_____ _____

Employee Signature Date

For processing, please return this form to the La Sierra University Payroll Office.
Questions about this form may be directed to 1-888-568-2542, Monday through Friday 8:00a.m. to 6:00p.m. Eastern Time.