



Diocese of Santa Rosa

403(b) Retirement Plan

Participation in this plan is voluntary

Employee Salary Deferral Election Form

Employee Name: _____

Address: _____

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) Traditional** - Amount: \$ _____ or percentage _____%.

The contribution amount is subtracted from gross pay as **pre-tax dollars**.

_____ **403(b) ROTH** - Amount: \$ _____ or percentage _____%.

The contribution amount is subtracted from **after-tax dollars**.

I understand that the above elections 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 office use only: Date form rec'd: _____ Deduction entered in IBS: _____
If payroll for your site is processed at the Chancery Office, please FAX to confidential # 707-566-3381: _____