



# RETIREMENT PLAN AUTHORIZATION

Client Name:	Date:
Employee Name:	Last 4 digits of your SSN:

## Employee Contributions

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change in Contribution/Deferral	<input type="checkbox"/> Stop Contribution/Deferral
For Contribution to the:	<input type="checkbox"/> Deferred Compensation (Pre-Tax)	<input type="checkbox"/> Roth (Post-Tax)
Payroll Effective Date: <i>(request will not be processed without a Payroll Date)</i>	Per Pay Period Contribution amount: <i>(enter 0 if stopping contribution)</i>	% = _____ \$ = _____
Catch Up (50 years of age and over): <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Employer Contributions Only

<input type="checkbox"/> Start Employer Contribution	Effective Date: _____
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## Loans

<input type="checkbox"/> New Loan**	<input type="checkbox"/> Change in Loan Payment Amount	<input type="checkbox"/> Cancel Loan Payment
Payroll Effective Date: <i>(request will not be processed without a Payroll Date)</i>	Loan Deduction Per Pay Period: <i>(enter 0 if stopping contribution)</i>	\$ _____

\*\*New Loan – A copy of the Loan Amortization Schedule is required.

Employee Signature:
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### **Please Note:**

*Your plan may have a limitation of deferral changes allowed per year. Please contact your plan administrator for further information. All selections are permanent until Abel HR is otherwise notified in writing.*

## Benefits Use Only

Date Received	Client Code	EE Number	Date Entered into EE Record	Date Entered into CRM	Entered By