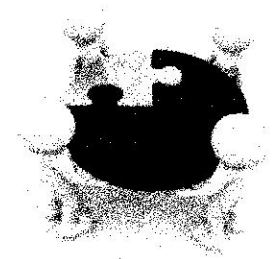




# PAYROLL DEDUCTION AUTHORIZATION FORM



## Voluntary Salary Reduction Agreement

Complete this form to initiate, terminate or change a payroll deduction for a supplemental pension plan.  
**Submit the completed form to the Office of Human Resources.**

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Department \_\_\_\_\_ Office Extension \_\_\_\_\_

Job Classification:       Faculty       Adjunct Faculty       Full-Time       Part-Time

Choose the Appropriate Action     Initiate payroll deduction     Terminate payroll deduction     Change payroll deduction

Select a Vendor and Plan Type:     AXA-Equitable 403(b)     Mass Mutual 403(b)     MetLife 403(b)     MetLife 457(b)

TIAA-CREF 403(b)     TIAA-CREF 457(b)     VALIC 403(b)     VOYA Financial 403(b)

AXA-Equitable Roth 403(b)     Mass Mutual Roth 403(b)     MetLife Roth 403(b)

TIAA-CREF Roth 403(b)     VALIC Roth 403(b)     VOYA Financial Roth 403(b)

Per Pay Amount: \$ \_\_\_\_\_ or Annual Election Amount: \$ \_\_\_\_\_

- I hereby authorize Ocean County College to initiate, terminate or change the payroll deduction for the supplemental pension plan as I have indicated above. I understand that this authorization shall begin with the first possible pay after receipt of this request.
- I understand that the salary reduction is in addition to my mandatory retirement contribution.
- By signing this form, I understand that the amount by which my base earnings may be reduced is subject to the statutory exclusion allowance under current IRS regulations. I assume full responsibility for authorizing the level of salary reduction set forth above and accept any and all tax consequences that may result.

EMPLOYEE SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**FOR PAYROLL USE ONLY**

Per Pay Deduction \_\_\_\_\_

Effective Date \_\_\_\_\_

Entered By \_\_\_\_\_

Date Entered: \_\_\_\_\_