



Print Name (Last, First, M.I.)	College ID #
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***IMPORTANT!** Before completing this form, be sure to read the Schoolcraft College 403(b) Program Summary. Your account must be set up with an approved Roth carrier before contributions can begin.

- NEW:** Complete steps 1, 2 & 3. Allow at least two weeks before your first Roth 403(b) contribution. Your contribution is in effect when the deduction appears on your Pay Advice. *Please see important note above.
- CHANGE:** Complete steps 1, 2 & 3 when changing your carrier or the allocation between carriers.
- TERMINATE:** Complete step 3. Termination of your Roth 403(b) contributions should take effect within two weeks.

Step 1: Select type of Roth 403(b) contribution.

By this Agreement, made between the above employee and Schoolcraft College (the employer), the Parties agree as of the payroll period ending _____, Schoolcraft College shall:

- **Reduce employee's net pay each pay period by \$_____.**
or
- **Reduce employee's net pay each pay period by _____%.**
or
- Reduce employee's net pay each pay period by \$_____ for _____ pays.**

Schoolcraft College will forward the amount of elected contribution to the Roth carrier designated by employee in step 2.

****This Agreement shall automatically be renewed each year thereafter, unless: 1) the employee completes a new Roth 403(b) Contribution Agreement either terminating or changing the contribution amount; or, 2) the employee elects to contribute the maximum annual limit as defined by the Internal Revenue Service, in which case a new form must be completed each year for renewal of agreement.**

Note: An employee may complete only two Roth 403(b) Contribution Agreement forms per calendar year.

Step 2: Enter Roth Carrier(s). The total amount must equal the Contribution Agreement amount in step 1.

Roth 403(b) Carrier Name _____	Amount \$ _____
Roth 403(b) Carrier Name _____	Amount \$ _____
Roth 403(b) Carrier Name _____	Amount \$ _____

Step 3: Sign below and send to the Payroll Office, located in the Jeffress Center (yellow entrance), 4th Floor, Office #403.

I understand that I (the employee) am responsible for determining that the contribution elected in step 1 does not exceed the annual contribution limit as defined by the Internal Revenue Service. If the limit is exceeded, the excess contribution will be returned to me by Schoolcraft College.

Employee Signature	Date	Work Phone
		Home Phone