



403(b) PRE-TAX AUTHORIZATION & AMENDMENT FORM SALARY REDUCTIONS/DEDUCTIONS 2013

INSTRUCTIONS: Print, complete, sign, and fax or email to:
(408) 983-0296 or benefits@dsj.org

Pursuant to the provisions and conditions set forth on the bottom of the page, I hereby request and authorize the Payroll Department of **Diocese of San Jose** to reduce my salary by, or in the event of an after tax contribution, to deduct from my salary and direct the amount of such reduction/deduction to the insurance company and/or mutual fund company indicated in Section B below.

S E C T I O N A - E M P L O Y E E D A T A

Employee Legal Name: _____ Effective Date of Change: _____

Last 4 Digits of S.S.: _____ Home Dept.: _____ Date of Hire: _____

Phone Number: _____

S E C T I O N B - E M P L O Y E E D A T A

403(b) Contribution limit for 2013 is: \$17,500	15-Year Rule participants can defer additional: \$3,000	Catch-Up Contributions (age > 50 years) is: \$5,500
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**Automatic deductions will stop when your elected maximum contribution has been reached. You must complete a new form to re-enroll in the plan.
If you change your pay period per deduction, you must update your maximum contribution limit.**

ELECTED MAXIMUM ANNUAL CONTRIBUTION LIMIT FOR 2013: \$ _____

1) Name of Company: _____ Per Pay Period: \$ _____

Company Address: _____

EBSA Use Only
CODE #1 _____

- Increase Contribution Amount
 Decrease in Contribution Amount
 Stop All Contributions
 New Contribution
 Change in Company
 Additional Company

2) Name of Company: _____ Per Pay Period: \$ _____

Company Address: _____

EBSA Use Only
CODE #2 _____

- Increase Contribution Amount
 Decrease in Contribution Amount
 Stop All Contributions
 New Contribution
 Change in Company
 Additional Company

S E C T I O N C - C A N C E L L A T I O N R E Q U E S T

Please cancel contributions to the following companies:

Company Name: _____ Company Address: _____

Company Name: _____ Company Address: _____

S A L A R Y R E D U C T I O N / D E D U C T I O N A M E N D M E N T E M P L O Y M E N T C O N T R A C T

It is agreed that the wages earned or contract of employment between the Employer and the below-signed Employee is amended effective as of the Effective Date of change listed in Section A of this form so that thereafter, the Employer is requested and authorized by Employee to reduce the amount of salary payments due employee and to direct the amount of such salary reduction to the company indicated above for the purchase by that company of 403(b) account for Employee under Agreement/Amendment to Employment Contract on the below date is hereby acknowledged.

It is also agreed that this Salary Reduction/Deduction Agreement and Amendment to Employment Contract shall apply to any future wages/employment contracts or any amendment to the present or to any future wages/employment contract, providing only that the employee has the right, at any time, to revoke this agreement.

Employee agrees that my Employer shall in no way be liable to Employee or their successor for any money which might arise from the federal or state tax consequences in a 403(b) and/or 403(b) Roth retirement account and consistent therewith, Employee further agrees to save and hold harmless my Employer from any such money damages.

Employee Signature: _____ Date: _____

Advisor Name (if Applicable): _____ Phone: _____

Diocese Authorization: _____ Date: _____

EBSA USE ONLY		
Date Received	/	/
Circle Delivery Batch	13	or 27
Initials		