

AUTHORIZATION FOR RETIREMENT PAYROLL DEDUCTIONS

Client Retained Plans

MUST BE COMPLETED BY THE EMPLOYEE

Company Name:				
Employee Legal Name:			Employee Birth Date:	
Last First			MI	/ /
Company Plan Type:				
401(k)	403(b)	Simple IRA	Oth	er:
Withholding Amount: ***Per Pay Period** *Effective Date:				
Traditional (pre-tax)		Roth (post-tax)		/ /
\$	OR%	\$OR	%	*If left blank, the withholding will take effect on the next available pay date.
Catch-Up Option: **For all employee's 50 and older**				
I wish to continue my above elected withholding towards catch-up once I reach the IRS annual limit. <i>If I do not reach the limit, no catch-up withholdings will be applied.</i>				
Employee Acknowledgment:				
I hereby authorize ProService to withhold the amount(s) specified from my wages each pay period for the purpose described above. I represent that this authorization has been validated by my employer and has not been made involuntarily or as a condition of my continued employment.				
Employee Signature:				Date:
				/ /