

DOUGLAS COUNTY SCHOOL DISTRICT

PERA 401(k) PLAN CONTRIBUTION AUTHORIZATION FORM

Complete the information below. It is your responsibility to notify PERA for the distribution of funds to this plan. **This must be done before**

authorizing payroll deduction. Please send this form to your Payroll

Office by the first of the month to be effective for that months Payroll.

Name _____ SSN _____

Address _____ Work _____

I request a monthly deduction to PERA 401K plan _____% (whole percentage) or \$ _____ (whole dollar) to be deducted from my pay.

If you are currently participating in the matchmaker program under a TSA (Tax Shelter Annuity/403B) and would like to transfer the match to your 401K account, please check the appropriate box. Yes _____ No _____.

If you do not currently participate in the matchmaker with another TSA your match will automatically be applied to your 401K account.

This amount must be from 1 to 23 percent of gross compensation (salary Plus Section 125 plan account deductions) not to exceed \$10,500.00 annually.

Signature _____ Date _____