


**ORTHODOX PRESBYTERIAN CHURCH 403(B) PLAN  
SALARY DEFERRAL ELECTION FORM - 2020**

Please select one:

 Initial submission Revised/Updated submission

Employee Name (Last, First, Middle Initial)		Effective Date of Election
Address		Social Security Number
Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

- I have read and understand the "Key Factors to Understand" document (please check).  
 My treasurer has read and understands the "Key Factors to Understand" document (please check).

**NOTE:** Salary deferral changes can be made at any time.

**A. PARTICIPANT SALARY DEFERRAL**

I hereby elect to defer part of my total taxable compensation as indicated below (check all that apply):

- I. Amount per checkmark: \$ \_\_\_\_\_  Jan    Apr    Jul    Oct  
 II. Total 2020 contribution: \$ \_\_\_\_\_  Feb    May    Aug    Nov  
 Mar    Jun    Sep    Dec

**B. Type of deferral.** I elect to make:

*(if in A above you elected a deferral amount other than zero, please check only 1 of the 3 boxes below)  
 (if no election is made below, deferrals will be 100% pre-tax)*

**Regular 403(b) deferrals (pre-tax).** All of my deferrals as Regular 403(b) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current compensation which is includible in income for the taxable year of the deferral.

**Roth 403(b) deferrals (after-tax).** All of my deferrals as Roth 403(b) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current compensation which is includible in income and that my deferrals will be includible in income for the taxable year of the deferral. **If you are a minister eligible for the housing allowance, please consult a Wipfli Financial financial advisor or your tax accountant to determine if a Roth election is appropriate.**

**Split deferral election.** A portion of my deferrals as Regular 403(b) deferrals and a portion of my deferrals as Roth 403(b) deferrals, as follows:

\$ \_\_\_\_\_ as Regular 403(b) deferrals, AND \$ \_\_\_\_\_ as Roth 403(b) deferrals [these amounts must equal the value of A.I., above; must specify whole dollar amount].

I understand: (1) My election regarding deferrals is irrevocable once the employer withholds the deferrals from my pay and (2) any change of election regarding the deferrals is effective only for deferrals from my pay after the plan administrator accepts my change of election. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the employer has properly implemented my salary reduction election. Furthermore, I have a duty to inform the plan administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

**PARTICIPANT/PLAN ADMINISTRATOR AUTHORIZATION**

I hereby request my participation in the above-named plan be initiated according to this direction. All investment allocations, beneficiary designations and deferral amounts elected or required remain in effect until I notify my employer of a change, or December 31, 2020, whichever is earlier.

Signature of Employee	Date
Signature of Plan Administrator	Date