

## 403(B) Participant Enrollment/Payroll Deduction Form

New enrollment into the 403(B) plan.

Updating current payroll deduction.

Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Address: \_\_\_\_\_

SS# (Last 4 digits): \_\_\_\_\_

Pre-Tax Contribution Amount (Per-Pay Period): \$ \_\_\_\_\_

### Authorization:

I authorize my employer to contribute the amount specified above from my pay each period, to be contributed to my 403(B) Deferred Compensation Plan Account with Newport.

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to Payroll by emailing [payrollbenefits@columbuslibrary.org](mailto:payrollbenefits@columbuslibrary.org) or as soon as administratively possible thereafter, unless a later date is specified below.

- Future Effective Date (cannot be earlier than the beginning of the following month): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Contribution Limit Information:

Year	Maximum Contribution	Age-50 Catch-Up
2024	\$23,000	\$7,500 (\$30,500 total)