

Owasso Public Schools Voya 457(b) Salary Reduction Agreement

Participant
(Employee)
Personal
Information

First Name: _____ MI: _____ Last Name: _____
 Social Security #: _____ Birth Date: _____
 Address: _____ City: _____ State: _____ Zip: _____

Reason for Change

Effective Date of
Change

Check here to indicate the reason for this change: New Change Amount Cancel
 Effective Date: _____ (Changes should be requested at least 10 days prior to the effective date)

Designate
457(b)
Provider and
Salary
Reduction
Amount per
paycheck*

Specify below the amount you wish to contribute per paycheck to your 457(b) Account:
 (Enter zero in the amount if you wish to stop deductions)

*Contributions will be deducted from paychecks once each month.

Pre-tax Contributions:

Post-tax Roth Contributions:

\$ _____ 457(b) Voya

\$ _____ 457(b) Voya - ROTH

Participant
Signature

I authorize my employer to reduce my salary by the 457(b) contribution amount specified above and direct my contribution to my 457(b) account provider. I have contacted my selected provider and opened an account.

I understand my salary deferred 457(b) contributions may not exceed the federal limits as determined by the IRS Code. I understand and agree to the terms and conditions of the Voya 457(b) policy.

This Salary Reduction Agreement replaces all previous agreements on file with respect to the account changes indicated above. I understand it is **my responsibility to monitor my earnings statement each payday** to ensure that my deductions are made for the correct amounts and are sent to the correct providers.

X _____
 Participant Signature Date

Financial Advisor (Not required for existing accounts): I am an authorized representative of a 457(b) provider approved by Owasso Public Schools and able to verify this employee has established a 457(b) account with the provider indicated above.

 Print Name of Advisor Signature of Advisor Date

Owasso
Payroll Office
Use ONLY

Date Received: _____ Paycheck Effective Date: _____ Name: _____