

# ARCHDIOCESE OF GALVESTON-HOUSTON 403(B) CONTRIBUTION FORM

## PARTICIPANT INFORMATION

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMPLOYER INFORMATION

Location: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CONTRIBUTION INFORMATION

**VALIC** – Group #: \_\_\_\_\_

**FIDELITY** – Division Code: \_\_\_\_\_

### Pretax Contribution:

A. Please deduct from my eligible compensation on a pretax basis

\$ \_\_\_\_\_ or \_\_\_\_\_ % each pay period.

### Pretax Catch-up (Age 50 or over) Contribution:

B. Please deduct from my eligible compensation on a pretax basis

\$ \_\_\_\_\_ or \_\_\_\_\_ % each pay period.

C. This agreement shall continue until amended by the employee. I may change the amount of my contribution at any time by giving at least a ten (10) days written notice prior to the date I wish the change to take effect.

D. This agreement will automatically end at the time of termination of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date