

ARCHDIOCESE OF GALVESTON-HOUSTON 403(B) CONTRIBUTION FORM

(Processed by Parish/School Bookkeeper after account has been set up with AIG Valic or Fidelity)

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