

## Arizona Western College

### 403(b) / 457(b) Deferred Compensation Enrollment / Change Form

#### Employee Information

Name (Last, First, MI)	
Employee ID	

#### Contribution Elections

Plan Type	Action (check one)	Amount (per pay period)	Effective Date*
403(b)	<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop		
457(b)	<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop		

#### Vendor / Investment Provider Selection

Vendor / Provider
<input type="checkbox"/> Edward Jones (MassMutual/Hartford)
<input type="checkbox"/> MetLife
<input type="checkbox"/> Yuma Investment Group Wealth Management (Security Benefit)
<input type="checkbox"/> Valic (AIG)
<input type="checkbox"/> SJI Financial Services

#### Catch-Up

☐ I intend to use the Age 50+ Catch-Up for 403(b)

☐ I intend to use the Age 50+ Catch-Up for 457(b)

#### Payroll / Tax Treatment

☐ Pre-tax contributions (reduce current taxable income)

☐ Roth / After-tax contributions (if allowed)

☐ Roth Catch-up contributions (for high-income earners over \$145,000)

#### Authorization & Signature

By signing below, I hereby authorize Arizona Western College to reduce my compensation or make appropriate payroll deductions in accordance with the elections I have made above and to apply them toward my 403(b) and/or 457(b) plan accounts. I understand this election will remain in effect until I submit a new change form. I also understand that contributions may be subject to plan limits and IRS rules, and that I am responsible for monitoring those limits.

Employee's Signature		Date	
HR Rep's Signature		Date	