



**Salary Deferral Agreement  
 Concordia Retirement Savings Plan**

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

**A PARTICIPANT INFORMATION**

Name (Last, First, Middle Initial)	Date of Birth (MM/DD/YYYY)	Social Security Number
Address		
City	State	Zip Code
E-mail Address		Home Phone Number
Cell Phone Number		Work Phone Number

**Under IRS 403(b) regulations effective 1/1/2009, employers have administrative and compliance responsibilities that require the following information:**

- Total amount contributed through payroll deductions to any 403(b) provider(s) during the 2012 calendar year (exclude Concordia Retirement Savings Plan contributions with current employer) \$\_\_\_\_\_.
- If you have authorized payroll deductions to any 403(b) provider between 1/1/2005 and 12/31/2008, please list provider name(s):  
 \_\_\_\_\_
- Do you have any outstanding 403(b) loans with Concordia Retirement Savings Plan or another provider?  Yes  No  
 If yes, do you need payroll deductions set up to repay the loan?  Yes  No
- Have you taken a 403(b) Hardship Withdrawal in the past 6 months?  Yes  No  
 If yes, what was the date of the withdrawal? \_\_\_\_\_

**Note:** Salary deferrals cannot begin until six months after the withdrawal date.

**B AUTHORIZATION FOR REGULAR DEFERRAL**

**Payroll Information:** This section is for regular pay-period withholdings only; it does not include any annual catch-up contribution amounts. Specify one of the following:

- New Enrollment     Restart     Increase Payroll Deductions     Decrease Payroll Deductions     Stop Deductions

**Pre-Tax Contributions:**

You may contribute up to the annual maximum allowable under the Internal Revenue Code and applicable provisions of this Plan. Currently (in 2012) the annual maximum is \$17,000 or 100% of your base salary, whichever is less.

However, if you will be age 50 or older this calendar year, or you have been employed at least 15 years with The Lutheran Church—Missouri Synod, you may be eligible to contribute more than the maximum shown above. For more information about catch-up contributions, see the back side of this form.

- I hereby authorize my employer to deduct \_\_\_\_\_% or \$\_\_\_\_\_ (do not complete both) from my base salary per pay period as regular pre-tax contributions. I understand that these contributions will be withheld from my paycheck and contributed by my employer to the Concordia Retirement Savings Plan on my behalf to my pre-tax account.
- I hereby elect not to contribute pre-tax dollars to the Concordia Retirement Savings Plan and thereby do not authorize any deductions of pre-tax dollars from my paycheck. Any prior payroll authorization to withhold pre-tax dollars is hereby cancelled.

**C AUTHORIZATION FOR CATCH-UP CONTRIBUTIONS (OPTIONAL)**

**Payroll Information**

You may elect Service Catch-up AND Age 50 Catch-up if you qualify for both. If you stop regular deferrals and/or do not defer the IRS maximum amount of \$17,000 within a calendar year, the catch-up contributions you may have requested will not be considered catch-up contributions but will instead revert to regular deferrals. The 2012 annual maximum of \$50,000 applies to all 403(b) and 401(k) plan contributions combined.

**Service Catch-up Election**

I understand that to be eligible for the Service Catch-up option I must have completed 15 or more years of service with The Lutheran Church—Missouri Synod. I also understand that I must satisfy this annual Service Catch-up option (if I have the 15 years or more of service and have not yet satisfied the full \$15,000 lifetime limit) before I can use the Age 50 Catch-up option.

**2012 Service Catch-up amount \$ \_\_\_\_\_.** (The maximum Service Catch-up amount I can defer is the least of the amounts indicated in Column A, Column B, or Column C. This amount will be divided by the remaining number of pay periods during the calendar year.)

<u>Column A</u>	<u>Column B</u>	<u>Column C</u>
\$3,000.00 (Annual Maximum) OR my remaining lifetime balance \$ _____ \$ _____	\$15,000.00 (Lifetime Maximum) MINUS all my prior Service Catch-up amounts \$ _____ equals: \$ _____	\$5,000.00 TIMES number of years of service with my current employer _____, equals \$ _____; MINUS all prior years' elective deferrals (to 403(b), 401(k), and SEP plans) \$ _____, equals: \$ _____

**Age 50 Catch-up Election**

I understand that to be eligible for the Age 50 Catch-up option, I must be: age 50 or older during this calendar year; have satisfied the annual Service Catch-up option, if applicable; and currently be deferring the maximum allowable regular deferral under IRS Code and applicable regulations and/or my plan. I understand that I may contribute \$5,500 for Age 50 Catch-up in 2012.

**2012 Age 50 Catch-up amount \$ \_\_\_\_\_.** (This amount will be divided by the remaining number of pay periods during the calendar year.)

**D SIGNATURE OF PARTICIPANT**

I have completed, understand, and agree to the terms of this Agreement and authorize the payroll deductions as indicated on this form. This agreement shall apply to all compensation paid from the effective date specified, until cancelled, superseded, or I cease to be an eligible worker. This agreement supersedes all previous agreements.

I understand that I may change the percentage of base salary or dollar amount contributed to the Concordia Retirement Savings Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

**Total pre-tax contributions under the Concordia Retirement Savings Plan** include both the regular deferrals (Section B) and any amounts elected under the optional catch-up provisions (Section C). Total annual withholdings equal \$ \_\_\_\_\_ (Section B plus Section C multiplied by the number of pay periods).

Payroll Effective Date: \_\_\_\_\_  
MM/DD/YYYY)

**X** \_\_\_\_\_  
Participant Signature Date

**Participant: Forward this form to your Payroll Department or Congregational Treasurer.**

**E SIGNATURE OF EMPLOYER**

I have reviewed this Salary Deferral Agreement and will take action necessary for IRS and Plan compliance.

**X** \_\_\_\_\_  
Authorized Employer Signature Date

Important Note Employer Representative:

- For workers with regular deferrals only - retain this document for your records.
- For workers with catch-up contributions - retain this document and send a copy to Concordia Plan Services.