

403(B) ANNUITY AUTHORIZATION FORM

MANCHESTER PUBLIC SCHOOLS
45 NORTH SCHOOL STREET
MANCHESTER, CT 06042

I, _____ **EMPLOYEE #** _____ authorize the

Print Name

Manchester Board of Education Payroll Department to make deductions to my salary in accordance with the following schedule so that I may obtain the benefits of deferred compensation of Section 403(b) of the Internal Revenue Code.

Effective _____, I authorize the following:

(Circle One)

A. New Authorization: (To confirm that your account is established and ready to receive contributions, please attach a signed company authorization form for new enrollments!)

1. Pre-Tax

_____ **Bi-weekly Amount**

_____ **Name of Company/Account #**

2. Voya Roth After-Tax

_____ **Bi-weekly Amount**

_____ **Voya Account #**

B. Change to existing 403(b) account:

_____ **Old Bi-weekly Amount**

OR

_____ **Old Company**

_____ **New Bi-weekly Amount**

OR

_____ **New Company/Account #**

C. Cancellation of existing 403(b) account:

_____ **Name of Company/Account #**

CHECK BOX IF YOU WISH TO EXERCISE THE OVER 50 CATCH UP LIMIT

I understand that I must submit a 403(b) company salary reduction agreement signed by an agent along with this Board of Education form. The company of choice must be on our approved list.

The Manchester Board of Education will receive all billing and will forward monthly payments to the above-named annuity company. My annuity company has agreed to forward all premium notices directly to the following address:

Manchester Board of Education
Payroll Department
45 North School Street
Manchester, CT 06042

Agent's Name (Print)

Address

Phone

Employee's Signature

School/Location

Date

Authorization received by Payroll _____

by _____

Date

Name/Title