



POTOMAC CONFERENCE CORPORATION

Human Resources

606 Greenville Avenue, Staunton, VA 24401

Office (540) 886-0771 | Fax (540) 904-0722

http://www.pcsda.org

**ADVENTIST RETIREMENT
PLAN**

Salary Reduction Agreement / Beneficiary Designation Form

Plan ID# SDA403B

New Enrollment

Beneficiary Change

Deferral Change

Name: _____ Social Security Number: _____

Address: _____
(Street) (City) (State) (Zip Code)

Voluntary Contributions

- I wish to make employee pre-tax contributions to my ARP account from my eligible salary every pay period: _____% (Preferred) or \$_____ and/or,
- I wish to make employee Roth 403(b) after-tax contributions to my ARP account from my eligible salary every pay period (Not all employers provide the Roth 403(b) option): _____% (Preferred) or \$_____ and/or,
- I wish to make non-deductible after-tax contributions (non-Roth 403(b)) to my ARP account from my eligible salary every pay period: _____% (Preferred) or \$_____

Beneficiary Designation (complete only if you are enrolling or changing your beneficiary)

If married, you may only designate your spouse as Primary Beneficiary on this form. To name more than one beneficiary, or to name someone other than your spouse, you must complete an Alternative Beneficiary Designation Form.

Primary Beneficiary

Contingent Beneficiary

Name: _____
 SSN: _____
 Date of Birth _____
 Relationship: _____
 Address: _____

 (City) (State) (Zip)

 (City) (State) (Zip)

Employee Signature (please select one paragraph below)

- I DO NOT WISH to participate in a salary reduction agreement with ARP at this time. I understand that by not participating, I will be ineligible for the employer matching contribution. I further understand that I may elect to participate in the Plan in the future, and it is my responsibility to contact the Human Resources Department through my employer to do so.
- I agree that my employer may reduce my salary by the percentage or amount which I have elected to contribute to my ARP account. I understand that ARP may limit my contributions in order to comply with federal law and the Plan document. I understand that if my contribution rate is less than 3%, I may not receive the maximum employer match.

Employee Signature

Date