



SDRS Supplemental Retirement
457(b) Plan
Authorization for Payroll Reduction

SUPPLEMENTAL RETIREMENT PLAN • 222 East Capitol Ave. Ste. 1 • Pierre, South Dakota 57501-2564 • (605) 224-2230

Name: _____ SSN: _____

I hereby authorize my employer to make the following payroll reduction effective with the pay date of: _____

This represents: New Authorization

Amendment

Catch-Up: Age 50+ Catch Up Amount \$ _____

Catch-Up: 3 Year Catch Up Amount \$ _____

The new reduction amount shall be: \$ _____ pre-tax and/or \$ _____ after-tax (Roth)

Reductions are made without regard to any future changes in taxes; no partial reductions or "carry-overs" to future pay periods will be made. This reduction will continue until changed in accordance with the Plan(s). A participant can change payroll reductions only by filing an official amended "Participation Agreement" form with the Plan Administrator.

Participating Employee's Signature:	Date:
Accepted for the Plan by:	Agent #:

Form Return

By mail: SDRS Supplemental Retirement Plan
222 East Capitol Ave. Ste. 1
South Dakota 57501-2564

By fax: 605-224-2395