

# Orange Board of Education

## 403b TAX SHELTERED ANNUITY (TSA)

### PAYROLL DEDUCTION AND AUTHORIZATION FORM

- You must first set up your 403b account with one of the companies listed on the 403b Approved Investment Providers list found under the Business Office link on the OESS.org website.
- This form authorizes the Orange Board of Education to deduct contributions twice per month from your paycheck, and after each payday, remit those contributions to your investment provider.
- This form must also be completed to authorize a change to your bi-weekly contribution or to stop your deduction. **Payroll can only process a Start, Stop or Change during the FIRST pay period of the month.**
- Keep a copy for your records. Send the completed form to Central Office, Attn: Angela Booth, PAYROLL

#### Account Holder Information

<b>LAST</b>	<b>FIRST</b>	<b>MI</b>
<b>NAME:</b> _____		
Name of Participating Investment Provider: _____		
Address of Company (if available): _____		
Account Number (if available): _____		
<b>*YOU MAY NOTATE "ACCOUNT INFO ON FILE" IF ONLY MAKING A CHANGE TO AN EXISTING DEDUCTION*</b>		

#### Payroll Deduction

<b>Please select one of these options:</b>	<b>Effective Pay Date:</b> ____/____/____
<input type="checkbox"/> BI-WEEKLY: I elect to DEDUCT \$_____ from my paycheck for deposit to my 403b account.	
<input type="checkbox"/> CHANGE: I elect to CHANGE my 403b bi-weekly deduction from \$_____ to _____.	
<input type="checkbox"/> STOP: I elect to STOP my 403b bi-weekly payroll deduction of \$_____.	
<small>*Please review changes with your financial consultant. The employee is responsible for determining deduction limits as set forth by the law.</small>	

#### Authorization

I hereby authorize the Orange Board of Education, my employer, to deduct from my paycheck, the amount(s) designated and remit such amount(s) on my behalf, for deposit to the Investment Provider I have selected, with whom I have an account. I understand that the deduction(s) will come from my first two paychecks of each month. I may terminate or change my bi-weekly deduction authorization by giving written notice to my employer's payroll department and understand that the change will occur in the first paycheck of the following month. I acknowledge that my employer has made no representation to me regarding advisability or tax consequences of this action. I also authorize electronic communication regarding my payroll deductions.

X \_\_\_\_\_

<b>Signature</b>	<b>Print Name</b>	<b>Date</b>
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