

# Orange Board of Education

## 403b TAX SHELTERED ANNUITY (TSA)

### 2024 PAYROLL DEDUCTION AND AUTHORIZATION FORM

- You must first set up your 403b account with one of the Board of Ed approved 403b Participating Investment Providers. Find the list at oess.org, under the Dept/Business Office/Employee Forms link.
- 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 payroll 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 (for new enrollees only): _____		
*YOU MAY NOTATE "ACCOUNT INFO ON FILE" IF ONLY MAKING A CHANGE TO AN EXISTING DEDUCTION*		

#### 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 a Board of Ed 403b 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>Date</b>
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