



State of Tennessee
Salary Reduction Agreement
401(k) Plan

Send completed forms to:
 Great-West Retirement Services
 545 Mainstream Drive, #407
 Nashville, TN 37228

Section 1: Employer Information

PAYROLL CENTER NAME: <input type="checkbox"/> State <input type="checkbox"/> TBR <input type="checkbox"/> UT	DEPARTMENT NAME: 	ARE YOU CHANGING PAYROLL CENTER NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, from: <input type="checkbox"/> State <input type="checkbox"/> TBR <input type="checkbox"/> UT to: <input type="checkbox"/> State <input type="checkbox"/> TBR <input type="checkbox"/> UT
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Section 2: Employee Information

EMPLOYEE INFORMATION:		
Last _____ First _____ MI _____	Social Security Number _____	
Address - Number and Street _____		
City _____ State _____ Zip Code _____	Home Phone _____	
Work Phone _____		

Section 3: Contribution Information

SPECIFY ONE OF THE FOLLOWING:		
<input type="checkbox"/> Decrease Payroll Deduction	<input type="checkbox"/> Restart	<input type="checkbox"/> Increase Payroll Deduction
<input type="checkbox"/> Longevity	<input type="checkbox"/> Stop Contributions	
<i>Note: A separate form will need to be filled out for Longevity and Regular Deferrals.</i>		

401(k) DEFERRAL AMOUNT:
I hereby authorize and direct my employer to deduct \$ _____ per pay period from my gross salary effective _____, 20 _____. <i>(Effective date must be at least one month after completion of this agreement).</i> I am paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-Weekly

LONGEVITY DEFERRAL AMOUNT (Specify One):
Effective _____, 20 _____ <input type="checkbox"/> I hereby authorize and direct my employer to deduct from my longevity pay \$ _____. <input type="checkbox"/> Defer all of my longevity pay

Section 4: Required Signatures

I have reviewed, understand, and agree to the provisions as stated on the reverse side of this form.

 Participant Signature

 Date

 Authorized Plan Administrator/Title

 Date