NPPFA BENEFITS

Section A: Employer Information

Contribution Change Form

Company/Employer Name: **The Wise Choice for Public Employees ®**

Contract /Account No.: **PE61743** Affiliate No.: **00001** Division No.:

Dept. Name:

Section B: Participant Information

Social Security No.: Date of Birth (MM-DD-YYYY):

First Name: Middle Initial: Last Name:

Mailing Address: State: Zip Code:

City: E-mail:

Phone No./Ext.: Date of Hire (MM-DD-YYYY):

Marital Status: ☐ Married ☐ Single/Divorced Gender: ☐ Male ☐ Female

Section C: Contributions

I authorize my employer to contribute the amount specified below from my pay each pay period. Your contributions will be maintained based upon the information entered in this form. Contributions will begin as soon as administratively feasible under your plan.

Pre-tax contributions of_____% OR $ _____ from my pay each pay period.

Roth contributions of_____ % OR $ _____from my pay each pay period.

Normal Contribution Limit (2026): 100% of compensation or **$24,500**, whichever is less

Consider Ways to Save More:

Age 50 Catch Up contributions (up to **$8,000** more than the normal limit. **$32,500** maximum)
Age 60-63 Super Catch Up (if offered by your employer up to **$11,250** more than the normal limit. **$35,750** maximum)

☐ Please terminate any and all contributions to all other vendors.

X_____ _____

Participant Signature **Date**