



ACC Retirement Plan and Fidelity Investments Workplace Savings Plan Contribution Form 403(b) Plan

Instruction: Use this form if you wish for your employer to deduct an amount of money from your paycheck to be contributed to your ACC Retirement plan. **If you have not already enrolled in the ACC plan or your employer has not signed up to make contributions to the plan, please contact the ACC office.**

Please retain a copy of this form for your records.

DO NOT RETURN THIS FORM TO FIDELITY INVESTMENTS. Return this form to your Executive Director or Bookkeeper and send a copy with your ACC Retirement Plan Contribution Calculation Form to the ACC office.

Questions? Call the ACC Office at 847-781-7800.

1. PARTICIPANT INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Daytime Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>
Is this a new Workplace Savings Plan Contribution Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. EMPLOYER INFORMATION

Name of Current Employer/Site/Division:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
Zip:	<input type="text"/>

3. APPLICABLE ACCOUNT AND SALARY INFORMATION

This authorization shall apply to the account selected below. (choose one)

☐ **403(b)** ☐ **Supplemental Plan**

Enter your full compensation minus parsonage/minister housing allowance:
This is your total compensation eligible for salary deferral (as limited by description in box 4 of the ACC Retirement Plan Annual Contribution Calculation Form):

\$ _____

4. CONTRIBUTION

Pretax Contribution (Salary Deferral or Elective Deferral) Amount:

A. Please deduct from my eligible compensation (i.e., wages or salary) on a pretax basis*:

\$ or % each pay period.

My Employer agrees to contribute this amount on my behalf to the ACC Retirement Plan per the IRS guidelines. Transfer amount to the Contribution Calculation Form.

*For clergy, this is the percentage of your total compensation up to your salary above or IRS deferral limit, whichever is less. For non-clergy, this is a percentage of your salary.

Pretax Catch-up Contribution (you must be age 50 in the calendar year to qualify):

B. Please deduct from my eligible compensation (i.e., wages or salary) on a pretax basis*:

\$ or % each pay period.

My Employer agrees to contribute this amount on my behalf to the ACC Retirement Plan per the IRS guidelines. Transfer amount to the Contribution Calculation Form.

*For clergy, this is the percentage of your total compensation up to your salary above or IRS deferral limit, whichever is less. For non-clergy, this is a percentage of your salary.

C. I further understand that I may change the amount of my contribution at any time as permitted under the terms of my Employer's plan by filing a written notice of change with my Employer 30 days prior to the date that I wish the change to take effect.

D. I further understand that I may terminate contributions at any time by filing a written notice of termination with my Employer 30 days prior to the date I wish the change to take effect.

E. This contribution may not require an amount of contributions under the plan which, when added to elective contributions made on my behalf to certain other plans, such as a 403(b) arrangement, a SIMPLE plan, or 401(k) plan exceeds the limit as may be in effect for the year under (i) Internal Revenue Code ("Code") Section 402(g) (1) or 402(g)(7), if applicable, and (ii) Code Section 414(v), if applicable. I understand that I am responsible for determining that the amount of my contribution listed above does not exceed the limits on contributions in this section. I also understand that my Employer will provide to me upon my request any available information from the Employer's records that is necessary to enable me to make these determinations.

F. This election will continue for subsequent calendar years unless I cancel it or execute a new one.

G. I am 100% vested in my elective deferral contributions. I understand my elective salary deferrals are subject to gain or loss in accordance with my selected investments.

5. SIGNATURES

I direct the Employer to make contributions on my behalf as requested in Section 4.

Participant Signature:

Date:

 - -

Employer Signature:

Date:

 - -

Employer Title:

IRS ANNUAL ELECTIVE DEFERRAL LIMIT

Refer to this chart for annual deferral and catch-up limits. You must be at least 50 years old in the calendar year to make a catch-up contribution that year.

Year	Deferral Limit	Catch-up Limit	Total Deferral
2026	\$24,500	\$8,000	\$32,500
2025	\$23,500	\$7,500	\$31,500

*Return this form to your Executive Director with a copy to the ACC office.
Do not return this form to Fidelity Investments.*

