



SALARY REDUCTION AUTHORIZATION

457(b) - Deferred Compensation Plan

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Employee ID #: \_\_\_\_\_
Please Print

Department: \_\_\_\_\_
10-month Staff
12-month Staff

Location: Catonsville Dundalk Essex Hunt Valley
Owings Mills Other \_\_\_\_\_

DEFERRED COMPENSATION PLAN 457(b):

Type of Transaction Previously established annuity account
Opening new account (attach Enrollment Application)

12 Month Employees - Deductions will be taken from 24 pays per year
10 Month Employees - Deductions will be taken from 20 pays per year (including 10-month paid over 12 months).

\$ \_\_\_\_\_ Total Amount per pay for Voya Financial Advisors, Inc. Deferred Compensation Plan

Processing Time: It may take up to two pay periods from the date the form is received by HR.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
FOR HUMAN RESOURCES OFFICE USE ONLY:

Pension Plan Annual Base Total SRA Total PCT Reduction MEA
Requested
Attached
MEA Limit \_\_\_\_\_

PDAEDN Entry Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 08/27/2015

Plan Year: \_\_\_\_\_ Plan Year Maximum: \_\_\_\_\_