



NON-EMPLOYER GROUP ADMINISTERED RETIREMENT PLAN DEFERRAL FORM

EMPLOYEE NAME: _____ SOCIAL SECURITY NUMBER: _____

CLIENT COMPANY: _____

EMPLOYEE AUTHORIZATION:

I authorize The Employer Group to defer \$ _____ or _____% from my taxable cash compensation

Choose one:

Per paycheck

Per month

Per year

I understand that The Employer Group is not responsible for remitting the deferral to my retirement plan, but that my supervisory employer (The Employer Group's client) is responsible for accurate and timely deposits of this money. I understand that this authorization will remain in effect until I submit another authorization, in writing, at least four business days prior to the requested change.

Employee Signature

Date

TRUSTEE AUTHORIZATION:

I authorize the above requested deferral, with an effective date of _____. I understand that The Employer Group is not responsible for the interpretation of the Client plan's terms and is not responsible for any deferrals made that are in conflict with the plan terms. I hereby agree that I am the Trustee of the above employee's deferral funds and am responsible for depositing the funds into the appropriate retirement plan.

Client Plan Trustee Signature

Date

Trustee Name

For The Employer Group Use Only

Received by: _____ Date: _____ Processed by: _____ Date: _____