Prudential

Catch-Up Contribution Form
Archdiocesan Employees Savings and Thrift Plan

Instructions

Please print using blue or black ink. Keep a copy for your records and bring the completed form to your Benefits/Human Resources Office.

Attention: Benefits/Human Resources Office –Please forward this form to Prudential.

By completing this form you are indicating that you believe you will be eligible to make catch-up contributions to your plan. To be eligible, you will have had to attain, or will attain age 50 before the end of the year in which you're making the contribution. In order for contributions to be treated as catch-up, you will need to exceed one of the applicable statutory or plan limit on contributions. Please note that the final determination of whether contributions can be treated as catch-up, cannot be made until the end of the plan year.

Catch-up contributions are subject to the following annual limits: 2017 6,000

About You

Plan number: 0 0 8 0 0 0

Sub plan number (if applicable): 0 0 0 0 0 1

Social Security number: ___ - __ - ____

Daytime telephone number: ___ - ___ - ____ (area code)

First name | MI | Last name

Address

City | State | Zip code

Contribution Agreement

❑ **Before-Tax Contribution Election.** I wish to contribute $ ___ , ___ . __
or ___ % of my salary per pay period.

The amount of contribution made as described above shall be transmitted to Prudential as a contribution under the above mentioned plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This election is legally binding and irrevocable with respect to amounts paid while it is in effect. The number of times I may change this is subject to any restrictions in my employer's plan.

Your Authorization

I hereby authorize my employer to make payroll reductions of the stated amount I have indicated.

X _____ *Date* ___

Participant's signature

Your Employer's Authorization

X _____ *Date* ___

Employer's signature