



Voluntary Contribution Form
Defined Contribution Plan
403(b)

Please print and return completed information to Converge Retirement Plan.

Participant Information

Participant Name

Employer

Home Address

City

State

Zip

Participant Election

This agreement is made between the participant and the employer. Any changes to the amounts in this agreement require a new form to be filed with Converge Retirement Plan.

I, the undersigned participant, hereby elect to:

Tax-sheltered contributions

- Defer from my salary on a tax-sheltered basis \$
Cease my tax-sheltered deferral contributions.
Annually
Monthly

Effective Date

Make the effective date of this agreement:

Participant Signature

I understand the amount of such reduction, according to this election, will be withheld from my paychecks and paid by my employer into my account in the Plan. The employer agrees to withhold employee contributions and send the funds to Converge Retirement Plan on a regular basis. If for any reason the amount of such reduction is returned to the employer according to the terms of the Plan, the amount returned to the employer shall immediately be returned to the employee.

Participant Signature

Date

Employer Signature

Date

Title