

**2024 - CLERGY PRE-TAX PAYROLL DEDUCTION AUTHORIZATION
 FOR RSVP (WITH CPG) OR OTHER TAX DEFERRED ANNUITY**

Employee Legal Name (last, first): _____

Social Security #: _____ Date of Birth: _____
 (mm/dd/yy)

Effective: The first pay date following payroll office’s receipt of completed form

<p align="center">I choose to make personal pre-tax contributions to a 403(b) or RSVP account</p> <p>Deductions will begin the first pay date that follows DioCal Payroll Office’s receipt of form</p> <p>Percentage of compensation contribution.</p> <p>Indicate the percentage of non-housing allowance compensation that you want to contribute to the plan. Percentage amounts withheld will adjust automatically with payroll fluctuations / changes in compensation.</p> <p>OR</p> <p>Flat dollar amount contribution.</p> <p>Indicate the dollar amount of non-housing allowance compensation to be withheld per paycheck. Flat dollar contribution amounts will not adjust automatically with fluctuations in paycheck or compensation changes.</p> <p align="right">2024 maximum base contribution is \$23,000*</p>	<p align="center">DEDUCTION AMT. PER PAYCHECK</p> <p align="center">BASE CONTRIBUTIONS</p> <p align="center">%</p> <p align="center">_____</p> <p align="center">OR</p> <p align="center">\$</p> <p align="center">_____</p>
<p align="center">Catch-up contributions for those over age 50 (who wish to contribute more than base contribution annual limit)</p> <p align="right">2024 maximum catch-up contribution is \$7,500*</p>	<p align="center">Catch-up contribution</p> <p align="center">\$</p> <p align="center">_____</p>
<p>Note for mid year (non-Jan 1) start dates: If you wish to reach the annual maximum contributions by Dec. 31 divide the max. amt. by the number of pay periods remaining for the year. There are 24 pay periods per year (2 per month). Refer to the annual payroll calendar for deadlines & remaining pay periods in the year</p> <p align="center">The payroll system should automatically stop deductions when annual max. contribution has been reached. Please monitor your payroll records and report any issues to your payroll administrator ASAP</p>	

The above named employee authorizes the Diocese to withhold the amount shown above from each paycheck. By signing below we recognize that the payroll deductions are returned to the employer through the payroll invoice. Employee contributions are to be directed to the plan administrator in accordance with plan guidelines by the employer, not Diocese.

Employee signature: _____ Date _____

Employer signature: _____ Date _____

Employing Entity: _____ 3-digit Parish Code: _____

Organization name, city location (ie: St. Swithen’s, Oakland)

**Submit this form to employer for filing with Diocese of California Payroll Service
 as PDF attachment by email: sarahc@diocal.org**