PERA SmartSave

Deferred Compensation Plan 찾

PERA SmartSave PAYROLL ELECTION CHANGE FORM

PERSONAL INFORMATION (please print clearly using black or blue ink)			
NAME:SOCIAL SECURITY NUMBER:			SOCIAL SECURITY NUMBER:
			STATE: ZIP CODE:
DAY PHONE:		EVENING PHONE:	
EMAIL (personal email preferr	ed):		DATE OF BIRTH:///
EMPLOYER NAME:			
PAYROLL CONTRIBUTION ELECTION CHANGE			
Payroll Election (select one):			
Re-start Char	nge 🗆 Stop 🗔 I	Re-start due to Re-hire.	
Change my status back to Active as of this date:			
You may elect to contribute to PERA SmartSave by selecting the dollar amount of your gross salary you want deducted from your wages on a per pay period basis. The minimum per pay period contribution is \$10. The total IRS maximum annual contribution is \$23,000 or \$30,500 for those age 50+.			
Pre-tax contribution amount: \$			
Roth contribution amount: \$			
AUTHORIZATION			
By signing this form, I authorize PERA SmartSave to make the changes selected in the Payroll Contribution Election section of this form. I understand			
this change will become effective on the first available pay period of next month per IRS guidelines.			
I hereby certify that the information I furnished herein is true, accurate and complete.			
PARTICIPANT SIGNATURE DATE/			
MAILING INSTRUCTIONS			
Please submit your completed form to:			
VIA FAX:	VIA MAIL DELIVERY:	VIA OVERNIGHT DELIVERY:	VIA EMAIL:
Voya Financial	Voya Financial	Voya Financial	PERA-SmartSave@state.nm.us
Attn: PERA SmartSave	Attn: PERA SmartSave	Attn: PERA SmartSave	
1-844-299-2373	P.O. Box 389 Hartford, CT 06141	One Orange Way Windsor, CT 06095	
If you have any questions or need to obtain additional plan or account information, please go online at PERASmartSave.voya.com or call the PERA SmartSave Service Center at 1-833-424-7283 (SAVE) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Mountain Time (excluding stock market holidays).			