

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____ DATE OF BIRTH: ____/____/____

EMPLOYER NAME: _____

PAYROLL CONTRIBUTION ELECTION CHANGE

Payroll Election (select one):
 Re-start Change Stop

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 total minimum contribution is \$260 annually and total maximum contribution is \$19,000 annually (or maximum IRS limits).

Pre-tax contribution amount: \$ _____

Roth contribution amount: \$ _____
 (Please verify that your employer has the capability to remit Roth contributions.)

AUTHORIZATION

By signing this form, I authorize PERA SmartSave to make the changes selected in the Payroll Contribution Election section of this form.

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: Voya Financial Attn: PERA SmartSave 1-844-299-2373	VIA MAIL: Voya Financial Attn: PERA SmartSave P.O. Box 24747 Jacksonville, FL 32241-4747	VIA MAIL: Voya Financial Attn: PERA SmartSave 8900 Prominence Parkway Jacksonville, FL 32256-8264
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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).