



**NATIONAL EMPLOYERS RETIREMENT TRUST**  
***Contribution Election Form***

*Please complete the fields below indicating how much of your pay you want to defer under your employer's 401(k) plan. You may change this election at any time; however, your plan may limit your re-enrollment to the plan's regular entry date(s). After completing this form, please return it to your employer.*

**Employee Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Date of Hire** \_\_\_\_\_

Effective \_\_\_\_\_, I hereby authorize the following amount/percentage of my eligible compensation to be deducted from my paycheck and deposited to my 401(k) account based on the investment fund choices I have elected.

\_\_\_\_\_ dollar amount per pay period

\_\_\_\_\_ percentage of compensation

\_\_\_\_\_ Please suspend my contributions to the plan. I understand I will not be able to contribute to the plan until the next time my employer permits new elections to the plan.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

For Employer Use	Date
Approved	
Payroll notified	
Form sent to NERT/TFB, Inc.	