



POLICE/FIRE

Contribution Change
CITY OF TALLAHASSEE
MAP 401(k) PLAN
Instructions

Complete this form on-line by tabbing through the fields. Save to your desktop and then Email the completed form to the Retirement PAF Folder on Exchange. Print and keep a copy for your records

About You

Employee Number

Social Security Number

Daytime Telephone Number

Last Name

First Name

MI

Contribution Information

I hereby authorize the City of Tallahassee to make Before-Tax payroll deductions from my salary as I have indicated below; not to exceed the limits set forth by the IRS. (refer to "Guidelines for General Employees, MAP & RSVP Contribution Limits" - make sure you use the limits guidelines for the current calendar year). **It is your responsibility to ensure that your contributions do not exceed the IRS limits.**

A. Employee Voluntary Contribution of % (0-100%, in whole percentages) per pay period.

B. Employee Voluntary Contribution of \$ (dollar amount) per pay period.

Note: If you are contributing for the first time, you must also complete a MAP Enrollment Form

Deduction Begin Date

The above deductions should begin with the current pay period unless another effective date is listed below:

Your Authorization

I understand this is a supplemental pension plan subject to withdrawal only upon my retirement, termination of employment, or death.

Name

Date