

Close Window

### Contribution Rate Election Form

**Print, Complete, and submit to your Employer’s Human Resources Department**

**Plan Sponsor:** TOWN OF PORTSMOUTH

**Plan Name:** PFPOPE TAX DEFERRED RETIREMENT PLAN FOR THE CITY OF PORTSMOUTH

**Plan Number:** 911512

Complete the following information. Please print legibly to prevent delays in processing.

**Participant Name:** \_\_\_\_\_

**Soc Sec Number:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Date of hire:** \_\_\_\_\_

**Division:** \_\_\_\_\_

#### Contribution Election

I hereby elect to contribute to the Plan as indicated below:

**Pre-Tax Contribution per pay period:** Percentage \_\_\_\_\_ % -or- Dollar Amount \$ \_\_\_\_\_

**Roth Contribution per pay period:** Percentage \_\_\_\_\_ % -or- Dollar Amount \$ \_\_\_\_\_

*(Percentage of Compensation - Maximum 100%)*

*(Maximum of \$22,500.00 per year plus an extra \$7,500.00 if age 50 or older during 2023)*

*(Maximums apply to the total of Pre-tax and Roth)*

\_\_\_\_\_  
*Participant Signature (required)*

\_\_\_\_\_  
*Date of Signature (required)*

To choose how your future contributions will be invested log on to the website at [www.bpas.com](http://www.bpas.com), select Participants, then Retirement Account, then log into your plan account.

If you do not submit your investment allocation choices, your contributions will automatically be invested in the AmerFd USGovt Money Mkt A.

You may also access information regarding your account through BPAS’s Voice Response System, BPAline, by dialing 1-800-530-1272.

All changes to allocation of future contributions and existing Plan monies must be made through the BPAline or the website.

Please be sure to review and update your **Beneficiary Designation** for the Plan as needed.

Close Window

*last update 01/03/2023*