

Catholic Diocese of Memphis in Tennessee **Retirement Savings Plan Opt Out Form**

Complete this form to Opt Out of (decline participation in) the Catholic Diocese of Memphis Retirement Savings Plan.

Please print or type clearly.				
SECTION 1: Participant Information Social Security Number	Date of Birth		Location Name	
Your Name	Your Hire Date			
Mailing Address: Street/P.O. Box	City		State	Zip Code
As an eligible employee, if you do not che (hereafter known as "The Plan") by come Contributions of two percent (2%) of your matching contribution of 1% will also be on the IRS contribution limit. Review the mate website at www.cdom.org . Your contribution age and expected date of retirement. A descont the Diocese Human Resource page. This as well as risk and return characteristics, relor direct your money out of the investment. SECTION 2: Opt-Out Instructions	ppleting of this for salary will be taken contributed to your a ching information is ions will be invested cription of the Lifect s description includes	rm, you are An beginning wind count. You not the Plan information yole Funds is a les information	Automatica th your firmay choose ormation propriate Lifecturallable in on the ob-	ally enrolled in the Planst paycheck. An employe to contribute more, up to rovided or on the Diocest cycle Fund, based on you the handouts provided of piective of the investment
You can choose not to be Automatically e complete this form and return to the Dioc (5) business days from your date of 1 year a will be deducted from your salary. You may Diocese Human Resource office. Any with event.	ese Human Resou nniversary , or you also subsequently	rces office. You will be Autom choose to stop	ou must sut atically end participation	omit this form within five colled and contributions on by contacting the
SECTION 3: Member Acknowledgement	and Signature			
I have read the information provided about	ve and understand	l by signing th	is form. I	hovoby confirm
election to NOT participate in the Catholi employer contribution that I would have a Employee	c Diocese of Mem	phis Retireme	nt Savings	Plan and give up the

Return this signed form to your Human Resources office within 5 days of 1 year anniversary if Opting Out of (declining participation in) the Diocese Plan.