

# Payroll Deduction IRA Authorization Form

- Read the attached instructions before completing this form. Please print legibly in blue or black ink.
- Once you have completed this form, please submit it directly to your employer and keep a copy for your files. In addition, if you are establishing a new MissionSquare Payroll Deduction IRA account, you must also complete the attached *MissionSquare Payroll Deduction IRA Account Application* and promptly return it to Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21298-9856. Please keep a copy of the completed application for your files.
- Employers should not mail this form to MissionSquare Retirement, but rather should retain for their records.

## 1 PERSONAL INFORMATION (ALL INFORMATION MUST BE COMPLETED)

FULL NAME: <small>LAST, FIRST, MI</small>			
MAILING ADDRESS:			
<small>STREET</small>		<small>CITY</small>	
<small>STATE</small>		<small>ZIP</small>	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: <small>MM/DD/YYYY</small>	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
CHECK ONE: <input type="checkbox"/> This is a new payroll deduction. <small>(PLEASE ALSO COMPLETE THE ATTACHED MISSIONSQUARE PAYROLL DEDUCTION IRA ACCOUNT APPLICATION AND PROMPTLY RETURN IT TO VANTAGEPOINT TRANSFER AGENTS, P.O. BOX 17010, BALTIMORE, MD 21298-9856.)</small> <input type="checkbox"/> This is a change to my current deduction.			

## 2 AMOUNT OF PAYROLL DEDUCTION

Until further notice is provided to my employer, I authorize my employer to deduct \$ \_\_\_\_\_ from my salary each pay period to be invested into my:

MissionSquare Traditional IRA    **OR**     MissionSquare Roth IRA

**2021 IRA Contribution Limit:** \$6,000 (*\$7,000 if age 50 or older*)

Please check this box if you are age 50 or older and intend to contribute up to the maximum allowed (*\$7,000 in tax year 2021*).

## 3 SIGNATURE

I acknowledge that I have read and agree to the disclosure in Section 3 of the instructions.

Your Signature: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_