

403B Employer Match

If eligible, I would like my Employer Matching Contribution to be invested with the following Vendor:

Vendor Name: _____

Fund Name: _____ Account Number: _____

***Please verify your vendor accepts Employer contributions and they are on Omni's approved vendor list. This vendor list can be accessed at www.omni403b.com.**

Signature _____

Date: _____

Print Name _____

Employee Number: _____

=====

For Payroll Use:

Base Salary _____ X _____ % = _____ / 12 = _____

Start Date: _____

End Date: _____

Change Date: _____

403E _____

403B \$ amount _____

403E \$ Amount _____