

**PERSONAL INFORMATION** (please print clearly using black or blue ink)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_

**PAYROLL CONTRIBUTION ELECTION CHANGE**

**Payroll Election (select one):**

Re-start     Change     Stop

You may elect to contribute to PERA SmartSave by selecting the dollar amount of your gross salary you want deducted from your wages on a per pay period basis. The total minimum contribution is \$260 annually and total maximum contribution is \$19,000 annually (or maximum IRS limits).

**Pre-tax contribution amount:** \$ \_\_\_\_\_

**Roth contribution amount:** \$ \_\_\_\_\_

(Please verify that your employer has the capability to remit Roth contributions.)

**AUTHORIZATION**

By signing this form, I authorize PERA SmartSave to make the changes selected in the Payroll Contribution Election section of this form.

*I hereby certify that the information I furnished herein is true, accurate and complete.*

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MAILING INSTRUCTIONS**

Please submit your completed form to:

**VIA FAX:**

Voya Financial  
Attn: PERA SmartSave  
1-844-299-2373

**VIA MAIL:**

Voya Financial  
Attn: PERA SmartSave  
P.O. Box 24747  
Jacksonville, FL 32241-4747

**VIA MAIL:**

Voya Financial  
Attn: PERA SmartSave  
8900 Prominence Parkway  
Jacksonville, FL 32256-8264

If you have any questions or need to obtain additional plan or account information, please go online at [PERASmartSave.voya.com](http://PERASmartSave.voya.com) or call the PERA SmartSave Service Center at 1-833-424-7283 (SAVE) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Mountain Time (excluding stock market holidays).