

**Personal Information**

Last Name*	First Name*	M.I.
Social Security No. (111-11-1111)*	Name of Employer*	

**Contribution Change**

<input type="checkbox"/> My employer will contribute _____% of my Total Annual Compensation to my TDA account. <b>Please check one:</b> <input type="checkbox"/> Contributions will continue at the above amount into the next calendar year. <input type="checkbox"/> Contributions at the above rate will cease at the end of the current calendar year.	EFFECTIVE DATE of contribution change  _____ month / year (mm/yyyy)
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**Contribution Change (One-Time OR Periodic Contribution)**

<input type="checkbox"/> My employer will contribute \$ _____ per month to my Retirement Only Plan (TDA) account. <input type="checkbox"/> My employer will contribute \$ _____ to my Retirement Only Plan (TDA) account as a one-time contribution.	EFFECTIVE DATE of contribution change  _____ month / year (mm/yyyy)
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**Contribution Change (Severance Contribution)**

<input type="checkbox"/> My employer will contribute \$ _____ as a one-time severance payment. <input type="checkbox"/> My employer will contribute \$ _____ per month as periodic severance payments.	EFFECTIVE DATE of contribution change  _____ month / year (mm/yyyy)
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Signature of employee*	Date (mm/dd/yyyy)*
Signature of employer representative*	Date (mm/dd/yyyy)*

**Please return this completed form to:**

**The Ministers and Missionaries Benefit Board**  
475 Riverside Drive, Suite 1700 New York, NY 10115-0049  
Phone: 800 986-6222 Fax: 800 986-6782 Web: www.mmbb.org