Tuscaloosa County Parking & Transit Authority, AL Participation Agreement for ROTH 457(b) Deferred Compensation Program	Name of Company - Roth 457(b) Product Provider
Employee Name	Social Security Number
Work Location	Position
Original ROTH Agreement	
With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:	
Equal amounts of \$ per pay period beginning the	, 20pay period.
Amounts equal to% of compensation per pay period	beginning the, 20pay period.
☐ Amendment ROTH Agreement - Type of Change Desired	
Increase from \$ per pay period to \$	beginning the, 20pay period.
Decrease from \$ per pay period to \$	beginning the, 20 pay period.
Change to% of compensation per pay period beginning	ng the, 20pay period.
Suspend-Name of Company	Effective Date of Suspension, 20
I have read the above and understand the proposed change. I hereby decrease or elimination of deduction under the ROTH 457(b) program, falls within the guidelines established by the Internal Revenue Code of 1	request that such change be effected. I realize that if the change results in that this deduction or elimination cannot be "made up" in the future unless it 986, as amended.
("Plan") as such Plan now exists or is hereinafter amended and a copy of th undersigned makes a subsequent election as provided by the Plan. The empty	osa County Parking & Transit Authority, AL Deferred Compensation Plar e Plan has been made available to them. This election shall continue until the ployer hereby authorizes on the provider company to issue an annuity contract are of the employer provided that the owner of the annuity contract or custodia an.
I (the Employee) understand and agree to the following:	
My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Tuscaloosa County Parking & Transit Authority , AL for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.	
I am responsible for the accuracy of the excludable amounts stated in the Agreement. Any overstatement of the amounts excludable as a salary deduction in the agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee	
I hereby authorize my Employer to deduct or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be refunded to me.	
	ts shall have no liability whatsoever for any and all losses suffered by me with selection of the insurance company, custodian, or regulated company, or my
The employer hereby authorizes the provider company to issue an annuity signature of the employer provided that the owner of the annuity contract o Compensation Plan.	contract or custodial arrangement for the benefit of the participant without the custodial arrangement is designated as the employer's ROTH 457 Deferred
Any change to this Agreement must be in writing to the Employer and be Employer.	ecomes effective upon the execution of the Agreement by Employee and
This Agreement may be terminated by either the Employer or Employee upoapplicable.	on thirty(30) days notice to the Company and to the Employer or Employee as
Designation of Beneficiary - The beneficiary for each annuity contract or accordance with the terms of that specific contract or account.	certified account to which contributions are allocated shall be determined in
Effective Date of this Agreement, 20	Tuscaloosa County Parking & Transit Authority, AL
AGENT / REPRESENTATIVE NAME	AGENT / REPRESENTATIVE PHONE
	Du:
EMPLOYEE SIGNATURE	By: EMPLOYER SIGNATURE

DATED

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DATED