

1. Personal Information

Name:	SSN or Employee ID:
Mailing address:	Plan Name: Grp Roth Plan #: 705885
Email address:	Phone #:

2. Contribution Amount

- Normal Contribution Limit (2025): \$7,000*
- Age 50 catchup contributions (turning age 50 or better in 2025), \$1,000 more than the normal limit for a total of \$8,000.

*Income limits apply. If you are unsure if you qualify to contribute to a Roth IRA, please seek guidance from a tax advisor.

I authorize my plan sponsor to contribute the amount specified below from my pay each pay period. New contributions and changes will begin as soon as administratively feasible under your plan. Must be enrolled in the plan for contributions to begin, please visit www.missionsq.org to complete your enrollment.

Check here if age 50 or better

Roth IRA contributions of \$_____ from my pay each pay period.

Employee Signature: _____ Date: _____