

Anne Arundel County Mental Health Agency, Inc

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*******CHANGE OF PAYROLL DEDUCTION ONLY*******

EMPLOYEE: _____

SSN: _____

BEGINNING
PAYPERIOD: _____

FORMER
AMOUNT: _____

NEW
AMOUNT: _____

I elect the above **NEW** payroll deduction for contribution to be made to my 403(b) Account.

Please distribute the funds in the following Manner:

<u>Fund Name of Fund</u>	<u>New Dollar Amount Per Pay Period</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please check the
USAA Webpage
for the most up-
to-date fund types.

www.usaa.com

Signature of Participant

Date

Employer

Date