

M.S.D. of Southwest Allen County

Tax-Deferred Annuity/Matched Savings Plan Acknowledgment and Receipt Form

Name: _____

Eligible Annual Match Amount: _____

I acknowledge, by my signature, that I have had explained to me the information regarding the Tax-Deferred Annuity (TDA)/Matched Savings Plan. I understand that as an employee, I am eligible to enroll immediately in this program and that by not doing so; I will be jeopardizing my maximum retirement/severance benefit.

By signing and returning this form, I am **declining** to enroll at this time. I understand that I may enroll in the future, but that I **will not** be eligible for any past employer matched dollars. My employer-matched funds will begin at the time of enrollment.

Employee Signature: _____

Date: _____