

Concordia Plan Services  
The Lutheran Church—Missouri Synod  
PO Box 229007  
St. Louis, MO 63122-9007



**Concordia Retirement Savings Plan  
AutoSave Salary Deferral Agreement**

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Website: [ConcordiaPlans.org](http://ConcordiaPlans.org)

This form should be used by workers at an employer that participates in the CRSP AutoSave Program.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Member Information</b>                                                                                                                                                                                                                                                                                                                                                         |                               |
| Name (Last, First, Middle Initial) _____ Extension _____                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| <b>B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Authorization for Deferrals</b>                                                                                                                                                                                                                                                                                                                                                |                               |
| For annual deferral limits and other information, please see reverse.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| <b>Pre-Tax Deferrals</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>After-Tax Roth Deferrals</b>                                                                                                                                                                                                                                                                                                                                                   |                               |
| I hereby authorize my employer to:<br><input type="checkbox"/> Deduct Pre-Tax Deferrals from my includible compensation per month:<br><input type="checkbox"/> 10% <input type="checkbox"/> 8% <input type="checkbox"/> 6% <input type="checkbox"/> Other _____ %<br><input type="checkbox"/> The annual maximum<br><input type="checkbox"/> Stop Pre-Tax deferrals                                                                                                                                                 | I hereby authorize my employer to:<br><input type="checkbox"/> Deduct After-Tax Roth Deferrals from my includible compensation per month:<br><input type="checkbox"/> 10% <input type="checkbox"/> 8% <input type="checkbox"/> 6% <input type="checkbox"/> Other _____ %<br><input type="checkbox"/> The annual maximum<br><input type="checkbox"/> Stop After-Tax Roth deferrals |                               |
| <b>Optional if electing the annual maximum contribution:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| If you would like to contribute the annual maximum amount allowed under IRS regulations as a combination of Pre-Tax and After-Tax Roth deferrals, indicate the applicable percentage of each below (must equal 100%).<br>Percentage of contributions as Pre-Tax Deferrals: _____ %<br>Percentage of contributions as After-Tax Roth Deferrals: _____ %                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| <b>C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Age 50 Catch-Up Election</b>                                                                                                                                                                                                                                                                                                                                                   |                               |
| <input type="checkbox"/> Check this box if the amount authorized in Section B includes Age 50 Catch-up amounts                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| <b>D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>AutoSave Program</b>                                                                                                                                                                                                                                                                                                                                                           |                               |
| Your employer participates in the CRSP AutoSave program. If you would like to opt out of Automatic Enrollment and/or Automatic Escalation, indicate your election below. For details on your employer's AutoSave elections, please consult your payroll administrator.<br><i>Check all applicable boxes:.</i><br><input type="checkbox"/> I elect to opt out of Automatic Enrollment in the CRSP <input type="checkbox"/> I elect to opt out of Automatic Escalation in the CRSP                                    |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| <b>E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Payroll Effective Date</b>                                                                                                                                                                                                                                                                                                                                                     |                               |
| This change is requested for the payroll period effective _____, or the next payroll if cut-off deadlines have passed.<br>MM/DD/YYYY                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| <b>F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Member Signature</b>                                                                                                                                                                                                                                                                                                                                                           |                               |
| I have communicated my deferral eligibility to my employer, including any current year contributions to any other 401(k), 403(b) and SEP providers.<br>I understand that I may change my deferral percentage to the Concordia Retirement Savings Plan at any time as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.<br><b>X</b> _____<br>Signature of Member Date (MM/DD/YYYY)<br>_____<br>Email Address of Employer |                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| <b>Payroll Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Date Received</b>                                                                                                                                                                                                                                                                                                                                                              | <b>Payroll Effective Date</b> |

(Continued on reverse side)

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- You may elect to contribute to the CRSP on a pre-tax basis or after-tax Roth basis (or combination of pre-tax and Roth) up to the annual maximum allowed under the Internal Revenue Code. For the 2026 calendar year, the annual deferral maximum is \$24,500 or 100% of your base salary, whichever is less.
  - If you will be age 50-59, or age 64 or older during the calendar year, you may elect an additional Catch-up contribution amount. For the 2026 calendar year, the maximum contributions is \$32,500.
  - If you will be age 60-63 during the calendar year, you may contribute \$35,750.
  - For more information on Catch-up contributions, visit our website at [ConcordiaPlans.org/CRSP](https://ConcordiaPlans.org/CRSP).
- Effective January 2026, workers age 50 and over with 2025 FICA wages over \$150,000 (self-employment (SECA) wages are not subject to this requirement) who make catch-up contributions to the CRSP 403(b) must do so on a Roth (after-tax) basis. Standard contributions up to the IRS limit can be pre-tax or Roth. Those not meeting these criteria, and rostered workers without FICA wages, are not affected.
- This Salary Deferral Agreement is a written agreement between you and your employer whereby you direct your employer to reduce your pay by a specific amount. Your employer then remits this amount to your CRSP account. You may change or cancel the amount of your salary deferral contributions at any time, as allowed under the terms of the Plan. Your current Salary Deferral Agreement will continue until you notify your employer otherwise.
- How much should you contribute? The answer depends on your current financial situation, and you may wish to speak with a Concordia Plan Services Financial Educator, Fidelity Guidance Representative or other trusted financial professional to take into consideration your entire profile. As a general guideline, it is recommended to have a combined (your contributions plus any employer contributions) retirement savings rate of 15% of pay. But keep in mind, even small amounts add up over time. Electing a percentage of your salary to be deferred into a retirement account is an easy way to make sure your savings rate is relative to your salary.