

## **Authorization to Reduce CPP Disability Benefits for Personal Contributions— Personal Investment Plan (PIP) and Compass Retirement Plan (Compass)**

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### **Purpose of this Agreement**

This agreement is designed to set forth the terms of making before-tax, Roth or after-tax personal contributions to your Wespath-administered retirement plan by withholding the amount of your contribution from the Comprehensive Protection Plan (CPP) disability benefits you are receiving from Wespath.

**Part 2** of the form is the *before-tax agreement*, whereby Wespath agrees to **reduce** your disability benefits by the contribution amount before taxes have been withheld, thereby deferring taxation of the contributions until they are received as a distribution.

**Part 3** of the form is the *Roth agreement*, whereby Wespath agrees to **deduct** the contribution amount from your disability benefit on which taxes have already been withheld. The contributions will be non-taxable at the time of distribution. The earnings also will be distributed tax-free if you take a distribution at least five years after the first day of the plan year in which you made your first Roth contribution *and* your distribution is due to any of the following:

- Attainment of age 59½
- Permanent disability
- Death

**Part 4** of the form is the *after-tax agreement*, whereby Wespath agrees to **deduct** the contribution amount from your disability benefit on which taxes have already been withheld. The contributions will be non-taxable at the time of distribution, and the earnings will be taxable.

### **Part 1 – Participant Information**

Name \_\_\_\_\_ Social Security # (last 5 digits) \_\_\_\_\_  
 Mailing address \_\_\_\_\_ Primary phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_  
 Country of citizenship \_\_\_\_\_

### **Part 2 – Terms of the Before-Tax Agreement**

The term of this agreement shall end on the earliest of the date the agreement is terminated or changed, the termination of your disability benefit, the termination of your employment with the employer/salary-paying unit, or your death.

Beginning date of this agreement (specify month, day and year) \_\_\_\_\_

**Note:** *This must be a date subsequent to the date on which this agreement is signed. This agreement will be in effect until a new agreement is in place.*

Indicate the dollar amount or percentage that you elect to have reduced from your disability benefits and made as a before-tax contribution to your retirement plan:

- Percentage of compensation:** \_\_\_\_\_% of compensation\*
- Dollar amount:** \$ \_\_\_\_\_ per month (enter any whole number, not to exceed your monthly disability benefit)

\*Compensation for this purpose is the compensation you received in the month prior to disability, increased by 3% per year.

### Part 3 – Terms of the Roth Agreement

The term of this agreement shall end on the earliest of the date the agreement is terminated or changed, the termination of your disability benefit, the termination of your employment with the employer/salary-paying unit, or your death.

Beginning date of this agreement (specify month, day and year) \_\_\_\_\_

**Note:** This must be a date subsequent to the date on which this agreement is signed. This agreement will be in effect until a new agreement is in place.

Indicate the dollar amount or percentage that you elect to have reduced from your disability benefits and made as a Roth contribution to your retirement plan:

**Percentage of compensation:** \_\_\_\_\_% of compensation\*

**Dollar amount:** \$\_\_\_\_\_ per month (enter any whole number, not to exceed your monthly disability benefit)

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### Part 4 – Terms of the After-Tax Agreement

The term of this agreement shall end on the earliest of the date the agreement is terminated or changed, the termination of your disability benefit, the termination of your employment with the employer/salary-paying unit, or your death.

Beginning date of this agreement (specify month, day and year) \_\_\_\_\_

**Note:** This must be a date subsequent to the date on which this agreement is signed. This agreement will be in effect until a new agreement is in place.

Indicate the dollar amount or percentage that you elect to have withheld from your disability benefits and made as an after-tax contribution to your retirement plan:

**Percentage of compensation:** \_\_\_\_\_% of compensation\*

**Dollar amount:** \$\_\_\_\_\_ per month (enter any whole number, not to exceed your monthly disability benefit)

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### Part 5 – Participant Signature

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

If you are NOT completing this document online, please complete it and return to Wespath by one of the following methods:

- **Email scanned copy to:** disabilityteam@wespath.org or
- **Fax to:** 1-847-866-4635 or
- **Mail to:** Wespath  
Attention: Disability Team  
1901 Chestnut Avenue  
Glenview, IL 60025-1604

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at [benefitsaccess.org](https://benefitsaccess.org). When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.

\*Compensation for this purpose is the compensation you received in the month prior to disability, increased by 3% per year.