

Tymetric A. Robinson
President

Tonya Briggs
Vice-President



MISSIONARY LEADERSHIP ACADEMY
212 INDUSTRIAL PARK RD
STARKVILLE, MS 39759
PHONE: (662) 370-0621
EMAIL: INFO@OUR-MDC.ORG

PENSION / RETIREMENT ENROLLMENT FORM

EMPLOYEE INFORMATION

Full Name: _____

Employee ID: _____

Job Title: _____

PENSION PLAN SELECTION

- I elect to enroll in the school's pension/retirement plan
- I choose to opt out (if permitted by law)

If enrolling, select contribution type:

- Mandatory contribution
- Voluntary contribution

Employee Contribution Percentage: _____

Employer Contribution Percentage (if applicable): _____

BENEFICIARY INFORMATION

Beneficiary Name: _____

Relationship: _____

Contact Information: _____

ACKNOWLEDGMENT

I understand the terms of the pension/retirement plan and acknowledge that contributions will be deducted from my salary in accordance with applicable regulations.

Tymetric A. Robinson
President

Tonya Briggs
Vice-President



MISSIONARY LEADERSHIP ACADEMY
212 INDUSTRIAL PARK RD
STARKVILLE, MS 39759
PHONE: (662) 370-0621
EMAIL: INFO@OUR-MDC.ORG

Employee Signature: _____
Date: _____

“Faith-driven leadership. Excellence in education. Service with purpose.”