

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.

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Employee Signature: _____

Date: _____

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