



Department of Management & Budget
 Office of Retirement Services
 www.michigan.gov/ors (800) 381-5111
 P.O. Box 30171
 Lansing MI 48909-7671

Tax-Deferred Payment (TDP) Agreement Addendum

For Public School Employees

MEMBER'S NAME (LAST, FIRST, M.I.)		MEMBER ID OR SSN
MAILING ADDRESS		DAYTIME PHONE NUMBER ()
CITY, STATE, ZIP CODE	TDP AGREEMENT #:	PAYROLL DEDUCTION AMOUNT

Complete this form with your new payroll office if you have changed public school employers and wish to transfer a TDP Agreement. Transferring your agreement from one public school employer to a new school district allows you to continue your service credit purchase under the terms of your original agreement, without a recalculation of the purchase price.

To complete the transfer, provide your new Michigan public school employer with your original *TDP Agreement*. You and your new payroll officer must also complete and sign this addendum within **90 days of your termination from your previous public school employer**.

Previous Employer Information

Reporting Unit Name : <<org_nm>>
 Reporting Unit #: <<org_cli_cd>>
 Termination Date: _____
 *Final Deduction
 Pay Period End Date: _____

New Employer Information

Reporting Unit Name: _____
 Reporting Unit #: _____
 Payroll Officer Name: _____
 *First Deduction
 Pay Period End Date: _____

**No payment will be allowed from the new employer until after the date of the final deduction from the previous employer.*

Terms of Agreement

- I understand that the terms of this agreement are binding and irrevocable for the duration of the tax-deferred service credit purchase described above or until I terminate employment with this employer. I cannot stop or lower my payments even if my financial situation changes.
- I understand that for the effective period of this addendum, my employer must make the scheduled deduction each pay period. While this addendum is in effect, ORS will only accept payments from this employer.
- I understand that this addendum allows for the deduction from salary for employer pick-up purposes.
- I understand that my employer's governing body has passed the necessary resolution authorizing this tax-deferred purchase and the employer has supplied a copy of the resolution to ORS.
- I understand that the employer is obligated to make payment according to the original *TDP agreement* only if there are sufficient funds from my earnings after any other mandatory deductions.
- I understand that it is my responsibility to ensure that the deductions I agreed to are made as specified in this agreement. I will review my pay stubs to ensure that the deduction has been initiated and is the correct amount and contact my payroll representative and ORS immediately if there are any discrepancies.
- I understand that to initiate this addendum my payroll officer and I must sign below within 90 days of my termination date from my previous employer.
- I understand that my new employer cannot begin withholding deductions until after the last pay period deductions were made with my previous employer.

By my signature below, I agree to the payment terms and conditions specified in both the original agreement and this addendum.

 Member's Signature Date

 Payroll Officer's Signature Daytime Phone Number Date

Payroll office: Enter the information onto a TDP diskette (as you would a new agreement) and send the diskette, the TDP Addendum, and a copy of the original TDP agreement to ORS at the above address.

