



msecca Retiree Pledge Form



A. Contact Info

Name _____ Social Security# _____
(required for automatic deductions only)

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Tel _____ Former Dept. _____

B. Payment Method (Please check one)

Monthly Pension Check Deduction \$ _____ x 12 months = \$ _____
(amount per month) Total (amount per month x 12 months per year)

Single Payment \$ _____ * Make check payable to MSECCA
 Total

C. Monthly Pension Check Deduction Authorization

* Fill out only if choosing monthly pension check deductions in section B.

I hereby authorize the Maine Public Employees Retirement System to :

Deduct the amount shown above in Section B from my pension check each month, starting in January and ending in December.

I understand that I can revoke this authorization at any time by providing written notice.

Signature _____ Date _____

D. Designations

Please be sure to enter the correct code and name for each federation or charity designated. You may list additional charities by attaching a separate sheet of paper to this pledge form.

\$ _____ Code# Name _____

Or designate a charity of your choice that is not listed in the donor guide. There is a minimum donation of \$100 for each charity not listed in this guide.

\$ _____ Name of Charity _____ Contact Name & Phone# _____
(must be a 501 (c)(3) organization)

Address _____ Web Address _____

\$ _____ Total * This total should equal the total entered in section B. Undesignated pledges will be distributed to all MSECCA participating federations.

E. Acknowledgement

Do you wish to receive a gift acknowledgement from charities? Yes No

F. Mail To

MSECCA Administrator
 PO Box 2095
 Augusta, ME 04338

Questions?

Visit maine.gov/msecca/ or call the MSECCA Administrator at 207-622-0105 for more info.