



# 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 \$ \_\_\_\_\_ Total \* Make check payable to MSECCA

## 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 \_\_\_\_\_

\$ \_\_\_\_\_ Code#  Name \_\_\_\_\_

\$ \_\_\_\_\_ Code#  Name \_\_\_\_\_

\$ \_\_\_\_\_ Code#  Name \_\_\_\_\_

\$ \_\_\_\_\_ 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 be anonymous?  Yes  No If yes, we will not provide your name to the charity. If no, please provide your address below.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Questions?

Visit [maine.gov/msecca/](http://maine.gov/msecca/) or call the MSECCA Administrator at 207-626-3400 for more info.