

# Participation Agreement/ Deferral Election

## 457 Deferred Compensation Plan for Governmental Employers

*(This sample form is provided as a courtesy only and is not intended as the offering of tax or legal advice. Please consult with your tax and legal advisors before using this form.)*

<b>Participant Information</b>	Plan Name		Billing Group No.	
	Department Name		Department Location (City/Town)	
	Participant Name (First, Middle Initial, Last)		Date of Birth (mm/dd/yyyy)	Social Security No.
	Participant Resident Address (No. & Street)			PO Box (optional)
	City/Town		State	Zip Code
	Home Telephone No. (    )		Work Telephone No. (    )	
<b>New Participant Agreement</b> <small>To be completed by <u>new</u> Plan Participants only.</small>	Salary Reduction Per Pay	% or \$	_____	
	Number of Pay Periods Per Year (if \$ then multiply)	x	_____	
	<b>Annual Contribution</b>	% or \$	_____	
<b>Contribution Rate Change</b> <small>To be completed by <u>existing</u> Plan Participants only.</small>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease			
	Please indicate the current amount being deducted from your Pay:		% or \$ _____	
Please indicate the new amount you wish to have deducted from your Pay:		% or \$ _____		
<b>Effective Date</b>	This Agreement will be effective upon receipt and processing by the Employer. If you would like to choose a later effective date, please indicate below.			
	Date: _____			
<b>Note that it may take several payroll cycles for your payroll office to process this agreement.</b>				
<b>Catchup Contribution Eligibility</b>	Are you within 3 years prior to the year of normal retirement age?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does this Plan provide for the Older Worker Catchup Provision allowed under Internal Revenue Code Section 414(v)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>A Participant cannot simultaneously contribute under the 457 Special Catchup and the Older Worker Catchup.</b>			
<b>Signature</b>	This Agreement is made between the Participant ( <i>as indicated below</i> ) and the Employer in conjunction with the Deferred Compensation Plan established and maintained by the Employer. The elections indicated above will remain effective until later changed or revoked by the Participant.			
	I hereby elect to participate in my Employer's 457 Deferred Compensation Plan and adopt the provisions of the Plan. I hereby acknowledge that I have received a copy of the Plan document, where applicable.			
	I acknowledge that I am responsible for determining that the amount of compensation I defer does not exceed the limits set forth in Sections 457 and 414(v) of the Internal Revenue Code, as amended.			
	By signing this form, I certify that the information I provided is complete and accurate.			
	Please return form to the address above. This form will be forwarded to your payroll office.			
Participant's Signature			Date (mm/dd/yyyy)	