



**Instructions**

Please keep a copy for your records and bring the completed form to your human resources office.

New Agreement       Change to Existing Agreement

To be completed by Human Resources: Effective with the pay period beginning \_\_\_\_\_  
month      day      year

**About You**

Plan number  
\_\_\_\_\_

Social Security number  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Daytime telephone number  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
area code

First name                                  MI      Last name  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_      \_\_\_\_\_

**Contribution Amount**

VOLUNTARY SALARY DEFERRAL. I understand that this election will become effective with the first pay period within administrative procedures following acceptance of this form and any required enrollment form(s).

a. \_\_\_\_\_%

OR

b. \$\_\_\_\_\_,\_\_\_\_\_.00

**Catch-Up Contributions**

Notwithstanding the election set forth above, the amount of my voluntary salary deferral shall be increased by the additional amount set forth below:

a.  \$\_\_\_\_\_,\_\_\_\_\_.00 for the last three years before I attain normal retirement age.

b.  The maximum amount permitted by law during the last three years before I attain normal retirement age.

**Authorization**

I authorize my employer to make voluntary salary deferrals in the amount and manner I have indicated above. This Agreement will apply only to amounts made available after the date the Agreement is signed by both the Employee and Employer. I understand that this authorization represents a Salary Deferral Agreement which is legally binding and irrevocable with respect to amounts paid while it is in effect except that my Employer may reduce or cancel the amount of my Salary Deferral if my Employer determines such amount will exceed the limitations of Internal Revenue Code Section 457(b).

  X   \_\_\_\_\_ Date \_\_\_\_\_  
Participant's signature

  X   \_\_\_\_\_ Date \_\_\_\_\_  
Accepted by