



- 1. Use this form to initiate contributions to your 457 deferred compensation plan or change the amount of your after-tax contributions. Note: You should only use this form if you have previously established an account in your employer's plan.
- 2. Return the completed form to your employer.

| | Year | Maximum Contribution | Age-50 Catch-Up | Pre-Retirement Catch-Up |
|--|------|--|-----------------------------|------------------------------|
| | 2021 | \$19,500 (Approximately \$750 every two weeks)* | \$6,500 (\$26,000 total) | \$19,500 (\$39,000 total) |
| | | * If you are paid semi-monthly (24 pay periods per year), contribute \$813 per pay period. | | |

| 1 PARTICIPA | NT INFORMATION | | | | | | | |
|---|--|-----------------------------------|-------------------------------------|--|--|--|--|--|
| Employer Plan Numbe | r: | Employer Plan Name: | | | | | | |
| Identification (Please provide your Social Security Number or Employee ID) | | | | | | | | |
| Social Security Number: – – OR Employee ID: | | | | | | | | |
| Full Name of Participant: | | | | | | | | |
| 2 CONTRIBUTION AMOUNT & EFFECTIVE DATE | | | | | | | | |
| Contribution Amount (per pay period) | | | | | | | | |
| I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with ICMA-RC. (Specify a percentage or dollar amount for pre-tax and/or Roth contributions.) | | | | | | | | |
| Pre-Tax | Contributions: Percentage: | % or Dollar Amount: \$_ | (per pay period) | | | | | |
| Roth Co | ntributions: Percentage: | % or Dollar Amount: \$_ | (per pay period) | | | | | |
| | tributions are not available in all place electing this option. | ans. Please check with your emplo | yer or ICMA-RC to confirm that Roth | contributions are offered in your plan | | | | |
| Normal Contribution Limit (2021): 100% of compensation or \$19,500, whichever is less. | | | | | | | | |
| Catch-up Contributions: If you are taking advantage of either of the catch-up contribution provisions available to 457 plan participants, please check the applicable box below. | | | | | | | | |
| Age 50 catch-up contributions (up to \$6,500 more than the normal limit. \$26,000 maximum.) | | | | | | | | |
| Special pre-retirement catch-up (up to \$19,500 more than the normal limit. \$39,000 maximum.) | | | | | | | | |
| Please re | d ICMA-RC's Pre-Retirement Catch-Up Ford | m for more information. | | | | | | |
| Effective Date | | | | | | | | |
| All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter, unless a later date is specified below. | | | | | | | | |
| Future Effe | ctive Date (cannot be earlier than the beg | inning of the following month): | // | | | | | |
| 3 SIGNATURE | S | | | | | | | |
| Participant Signature | | | | Date: / / | | | | |
| Employer Signature _ | | | | Date: / / | | | | |