

457 Deferred Compensation Plans Contribution Form

- Use this form to initiate or change the amount you contribute to your 457 deferred compensation plan account with MissionSquare Retirement.
Note: You should only use this form if you have previously established an account in your employer's plan.
- Return the completed form to your employer.

YEAR	MAXIMUM CONTRIBUTION	AGE-50 CATCH-UP	PRE-RETIREMENT CATCH-UP
2022	<p>\$20,500</p> <p><i>Approximately \$788 every two weeks*</i></p> <p><i>*If you are paid semi-monthly (24 pay periods per year), contribute \$854 per pay period.</i></p>	<p>\$6,500</p> <p><i>\$27,000 total</i></p>	<p>\$20,500</p> <p><i>\$41,000 total</i></p>

1 PARTICIPANT INFORMATION

EMPLOYER PLAN NUMBER:	EMPLOYER PLAN NAME:	STATE:
IDENTIFICATION <small>PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER OR EMPLOYEE ID</small>	SOCIAL SECURITY NUMBER:	EMPLOYEE ID:
FULL NAME: <small>LAST, FIRST, MI</small>		EMAIL ADDRESS:

2 CONTRIBUTION AMOUNT AND 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 MissionSquare Retirement. *(Specify a percentage or dollar amount for pre-tax and/or Roth contributions.)*

Pre-Tax Contributions: Percentage: _____% **OR** Dollar Amount: \$ _____ *(per pay period)*
 Roth Contributions: Percentage: _____% **OR** Dollar Amount: \$ _____ *(per pay period)*

Roth contributions are not available in all plans. Please check with your employer or MissionSquare to confirm that Roth contributions are offered in your plan before selecting this option.

Normal Contribution Limit (2022): 100% of compensation or \$20,500, 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 complete the [457 Deferred Compensation Plan Pre-Retirement Catch-Up Form](#).

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 Effective Date *(cannot be earlier than the beginning of the following month):* MM/DD/YYYY _____

3 SIGNATURES

Participant Signature: _____	Date: MM/DD/YYYY _____
Employer Signature: _____	Date: MM/DD/YYYY _____