

# 457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT/CHANGE FORM



ICMA RETIREMENT CORPORATION

- Use this form to Enroll or make Changes to your 457 Plan.
- Read instructions on the back carefully before completing this form. Please print legibly in blue or black ink.
- **Return this form to your employer promptly. Your employer must provide the form to ICMA Retirement Corporation before the payroll date of your first deferral. If this is a new enrollment, to ensure that your payroll deduction contributions begin, you must also complete the 457 Deferred Compensation Plan Amount of Deferral Form and promptly return it to your employer.**
- Note: It is important to review your next paystub to confirm your enrollment/change has been processed correctly.
- If making changes, complete Section 1 and then proceed to the appropriate section to make your changes. If new enrollment, all sections must be completed.

**1 Required Participant Information** - Information in this box must be completed to avoid processing and investment delays.

(check one)  **NEW ENROLLMENT**  **CHANGE**

Employer Plan Number \_\_\_\_\_ Employer Plan Name \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Full Name of Participant \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date Employed/Rehired \_\_\_\_\_ Rehired?   
Month Day Year Month Day Year Check if yes

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_ Gender  M  F Marital Status  Married  Single  
Area Code Area Code

Check if new address

Check if change in this section

**2 Beneficiary Designation**

Check if change in this section

Name	Date of Birth	Relationship to you	Social Security Number	% of benefit
Primary Beneficiaries:	____/____/____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
_____	____/____/____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
Contingent Beneficiaries, if any:	____/____/____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
_____	____/____/____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____

**3 Catch-up Election**

Check if change in this section

If you wish to use a Catch-up Provision, please select **ONE** below:

"Pre-retirement catch-up" - This provision can be used within 3 years of retirement, **OR**

"Age 50 catch-up" - This provision can be used if you are age 50 or older

**4 Allocation of Future Contributions**

Check if change in this section

Fill in the boxes at right with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the Investment Options sheet. See Instruction 4 on the back of this form.

State law, local law, or your employer may place restrictions on investment in these funds.

ALLOCATION			
Code	Percent	Code	Percent
<b>TOTAL = 100%</b>			

**5 Employee Signature**

I acknowledge that I have read and agree to the disclosure (see 5 & 6) on the back of this form.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**6 Employer's Authorization**

Authorized Employer Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Employer Plan Number \_\_\_\_\_