

457 Deferred Compensation Contribution Change/Enrollment Form

1. Personal Information

Name:	Last 4 of SSN or Employee ID:
Mailing address:	Plan Name: _____
Email address:	Plan #: _____
	Phone #: _____

2. Contribution Limits

- Normal Contribution Limit (2025): 100% of compensation or \$23,500, whichever is less
- Age 50 catchup contributions (up to \$7,500 more than the normal limit. \$31,000 maximum)
- Super Catch-Up (Turning ages 60-63 in the 2025 calendar year, up to \$11,250 more than the normal limit. \$34,750 maximum)
- 457 Pre-Retirement Catchup (up to \$23,500 more than the normal limit. \$47,000 maximum) **Must complete Pre-Retirement Catch-up form to be eligible for this option

Contribution Amount: (per pay period)

I authorize my plan sponsor to contribute the amount specified below from my pay each pay period. New contributions and changes will begin as soon as administratively feasible under your plan. If you are taking advantage of any of the catch-up contribution provisions available, please check the applicable box below:

- Age 50 catch-up contributions
- Super Catch-up (Ages 60-63)
- Special pre-retirement catch-up (Pre-retirement declaration must be completed and on file)
 - Pre-Tax contributions: _____ % OR \$ _____
 - Roth contributions: _____ % OR \$ _____

By submitting this form, you understand you are authorizing your plan sponsor to enroll you in the plan without elections. Once your enrollment is processed you may log in to the participant website or mobile app to select your investments and to update your beneficiary elections. If you do not select an investment option, your entire account will be invested in the Plan's default investment selection.

Employee Signature: _____ Date: _____

SUBMIT THIS FORM TO YOUR EMPLOYER FOR PROCESSING
For Plan Sponsor Use Only