

Salary Deferral Agreement
Governmental 457(b) Plan



CITY OF WATERBURY 457(B) DEFERRED COMPENSATION PLAN

1013237-03

Participant Information

Last Name		First Name		MI	Social Security Number		
Address - Number & Street					E-Mail Address		
City		State		Zip Code	Mo	Day	Year
()		()			Date of Birth		
Home Phone		Work Phone		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried			

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code (the "Code") deferral limits.

Payroll Information

Specify one of the following:

- New Enrollment Restart Payroll Deductions Increase Payroll Deductions Decrease Payroll Deductions Stop Payroll Deductions

Specify the following:

Before-Tax - The total amount that you may contribute to all plans each year is \$1.00 - \$16,500.00 of your annual compensation. The amount that you may contribute is not to exceed the annual maximum contribution allowable under Internal Revenue Code and applicable regulations and/or the provisions of your Plan.

- \$ _____ (per pay period) of my compensation as before-tax contributions

I understand that these contributions will be withheld from my paycheck and contributed by the employer to the Plan on my behalf for allocation to my before-tax account.

- I hereby elect not to contribute before-tax dollars to the retirement Plan and thereby do not authorize any deduction of before-tax dollars from my paycheck. Any prior payroll withholding authorization to withhold before-tax dollars is hereby cancelled.

Catch-Up Note: If you are making the maximum contributions allowable and are eligible to make additional contributions, please use the "Application for Catch-up Contributions."

Payroll Effective Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Required Signature(s) - I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature

Date

Authorized Plan Administrator Signature

Date

Participant forward to Plan Administrator

