Salary Deferral Agreement
Governmental 457(b) Plan

Commonwealth of Pennsylvania | Deferred Compensation Program

Commonwealth of Pennsylvania Deferred Compensation Program 98978-01

Participant Information

Last Name | First Name | MI

Social Security Number

Address - Number & Street

E-Mail Address

City | State | Zip Code

Mo Day Year

❑ Female ❑ Male
❑ Married ❑ Unmarried

( ) Home Phone

( ) Work Phone

Date of Birth

Department of Employment (Ex. DPW, L & I, St. Police)

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This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee.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

Ongoing Payroll Deductions Only: (Do not complete for Sick and Annual Leave Payouts. See below.)

Specify one of the following:

❑ New Enrollment ❑ Restart ❑ Increase Payroll Deduction ❑ Decrease Payroll Deduction ❑ Stop Deductions

❑ Age 50 Catch-Up ❑ Normal Catch-Up

Specify the following:

❑ I elect to contribute _____% or $_____ (per pay period) of my compensation as before-tax contributions to the Commonwealth of Pennsylvania Deferred Compensation Program Plan until such time as I revoke or amend my election.

Pay 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.

Sick and Annual Leave Deduction Only:

Retirement Date _____

I elect to contribute $_____ of my sick and annual leave payout. (Please note: An indication of Whole or Full on this line will not be processed.)

Payroll Information

Payroll Center Name

Payroll Center Number

Last Name	First Name	MI	Social Security Number

Your Consent and Signature

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**

Participant forward to Plan Administrator/Trustee at:
Great-West Retirement Services®
301 Chestnut St., Suite 402
Harrisburg, PA 17101
Phone #: 1-866-737-7457
Fax #: 1-717-901-3620
Web site: www.sers457.com

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