



Participation Agreement / Deferral Election OASBO 457 Deferred Compensation Plan

	School District	Billing Group No.
	School	
	Participant Name <i>(First, Middle Initial, Last)</i>	Social Security No.
Contributions: <i>Select Pre Tax or Post Tax (Roth)</i>	Salary Reduction Per Pay (Pre-Tax)	% or \$ _____
	ROTH Contribution Per Pay (Post Tax)	% or \$ _____
	Total 457 Contributions Per Pay	% or \$ _____
	Number of Pay Periods	X _____ Pay Periods
	Total Amount of Annual 457 Contribution	\$ _____
Effective Date	Upon approval by the Treasurers Office, contributions are to begin with the payroll date of ____/____/____. In accordance with IRS rules, the effective date must be no earlier than the first pay of the month following the month in which this agreement was signed by the employee. <i>*Note that it may take several payroll cycles for your payroll office to process this agreement.</i>	
Select Investment Provider	The contributions/deferrals indicated above are to be directed to the following investment provider: <input type="checkbox"/> VOYA Retirement Insurance and Annuity Company <input type="checkbox"/> AXA Equitable Life Insurance Company	
Catch-Up Election (Select one only)	<p>A. [] Three Years Prior to Normal Retirement Age For purposes of using the catch up provision available for participants for the three years prior to the year of attainment of normal retirement age, I hereby elect a normal retirement age of _____ and elect to use catch up for the calendar year periods beginning January ____ and ending December _____. I understand that this catch-up election may be made only one time and that this catch-up is only available to the extent of any underutilized prior year deferrals.</p> <p>B. [] Attainment of Age 50 I have attained or will attain age 50 this year. I elect to use the catch-up provision available for participants age 50 and older.</p>	
<p>This Agreement is made between the Participant (indicated below) and Employer in conjunction with the Deferred Compensation Plan established and maintained by the Employer. The elections indicated above will remain effective until later changed or revoked by the Participant. I hereby elect to participate in my Employer's 457 Deferred Compensation Plan and adopt the provisions of the Plan. I hereby acknowledge that I have received a copy of the Plan document, where applicable. I acknowledge that I am responsible for determining that the amount of compensation I defer does not exceed the limits set forth in Sections 457 and 414(v) of the Internal Revenue Code, as amended. By signing this form, I certify that the information I provided is complete and accurate.</p>		
Signatures	Participant's Signature	Date (mm/dd/yyyy)
	Representative's Signature	Date (mm/dd/yyyy)