

**SPECIMEN PARTICIPATION AGREEMENT/  
DEFERRAL ELECTION  
457(b) Deferred Compensation Plan for  
Governmental Employers**

**This sample form is provided as a courtesy only and is not intended as the offering of tax or legal advice. Please consult with your tax and legal advisors before using this form.**

**1. PARTICIPANT INFORMATION**

Plan Name \_\_\_\_\_ Billing Group/Plan # \_\_\_\_\_  
Department Name \_\_\_\_\_ Department Location (city, town) \_\_\_\_\_  
Participant Name (first, middle initial, last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN (Required) \_\_\_\_\_  
Participant Resident Address (# & street) \_\_\_\_\_ PO Box (optional) \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**2. NEW PARTICIPANT AGREEMENT (To be completed by new Plan Participants only.)**

Pre Tax Amounts Per Pay \$ \_\_\_\_\_  
Designated Roth Amounts Per Pay Period (If applicable.) \$ \_\_\_\_\_  
Total Per Pay Period = \$ \_\_\_\_\_  
Number of Pay Periods Per Year (if \$ then multiply) X \_\_\_\_\_  
**Annual Contribution** \$ \_\_\_\_\_

**3. CONTRIBUTION RATE CHANGE (To be completed by existing Plan Participants only.)**

Restart       Increase       Decrease       Stop

Pre Tax Amounts Per Pay \$ \_\_\_\_\_  
Designated Roth Amounts Per Pay Period (If applicable.) \$ \_\_\_\_\_  
Total Per Pay Period = \$ \_\_\_\_\_  
Number of Pay Periods Per Year (if \$ then multiply) X \_\_\_\_\_  
**Annual Contribution** \$ \_\_\_\_\_

**4. EFFECTIVE DATE (Note that it may take several payroll cycles for your payroll office to process this agreement.)**

This Agreement will be effective no earlier than the month following the month in which the Employer receives this Agreement and is able to process.

---

**5. BENEFICIARY ELECTION**

I wish to designate the following beneficiary(ies) to receive benefits in the event of my death. I understand that each beneficiary eligible to receive benefits will receive an equal share of benefits under the Plan unless otherwise indicated.

Primary Beneficiary (*name(s), relationship, address, percentage*) \_\_\_\_\_

Contingent Beneficiary (*name(s), relationship, address, percentage*) \_\_\_\_\_

---

**6. CATCH-UP CONTRIBUTION ELIGIBILITY** (*Select one if applicable.*)

Special 457(b) Catch-up Election

50+ Catch-up Election

**A Participant cannot simultaneously contribute under the 457(b) Special Catch-up and the Older Worker Catch-up. Plan Participants must choose the catch-up provision which gives them the greater amount.**

---

**7. SIGNATURE**

This Agreement is made between the Participant (*as indicated below*) and the Employer in conjunction with the 457(b) 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(b) Deferred Compensation Plan and adopt the provisions of the Plan. I hereby acknowledge that I have received a copy of the Plan document and/or summary plan description, 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.

Please return form to \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date (*mm/dd/yyyy*) \_\_\_\_\_