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	AST FIRST		MIDDLE	ate of Birth		OFFICE USE ONLY
Social Security N	lumber	Е	Email			
Address		City		State	Zip	Initials
Personal	Work		Employer		·	Date
Phone	Phone		Employer			Fhdr
	Deferred Cor	npensati	on Plan (DCP) Enr	ollment F	orm	
			RIBUTION ELECTION			
Contributions t	o the plan are pre-taxed deductior of (a) 100% of your annu		pay. The maximum amou ation, less contributions to			
YEAR	NORMAL LIMITATION DEFERRAL	+	AGE 50 ADDITIONAL C	**************************************		AGE 50 MAXIMUM DEFERRAL
2024	\$23,000	_	\$7,500			\$30,500
tax-deferred pl Age 50 Maxim	ified if contributions designated on an during the year, please make co um Deferral. Please refer to the DC	rtain you ar P handbool	e within IRS limitations. If y			
Contributi	on Per Pay Period: \$		Have you	contributed	to anothe	r
Frequen	cy: ☐ Monthly = 12 per year ☐ Bi-V	/eekly = 24 p	er year 457 plan t	his calenda	r year?	☐ Yes ☐ No
		(If yes, please attach a copy of your statement from the other 457 plan.) Estimated Annual Salary: \$				
Start Date:	As soon as possible		LStillated	i Alliluai Sai	aιy. Ψ	
			□Lwish	to defer from	final cick/	vacation leave pay.
	After/					
		Termination Date://				
		IND/EO	TMENT ELECTION			
		INVES				
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