

Name <small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>	Date of Birth	OFFICE USE ONLY Initials _____ Date _____ Fhdr _____
Social Security Number		Email		
Address		City	State Zip	
Home Phone	Work Phone	Employer		

Deferred Compensation Plan (DCP) Change Form

COMPLETE ONLY THOSE SECTIONS BELOW THAT APPLY TO CHANGES YOU WISH TO MAKE.

CONTRIBUTION CHANGE

Contributions to the plan are pre-tax deductions from your pay. The maximum amount that may be contributed each year is the lesser of **(a)** 100% of your annual compensation less contributions to retirement plans **OR (b)**:

YEAR	NORMAL LIMITATION DEFERRAL	+	AGE 50 ADDITIONAL CATCH-UP	=	AGE 50 MAXIMUM DEFERRAL
2019	\$19,000		\$6,000		\$25,000

You will be notified if contributions designated on this form are expected to exceed IRS limitations. If you are 50 or older you may contribute up to the Age 50 Maximum Deferral.

Contribution Per Pay Period: \$ _____

FREQUENCY:

Monthly = 12 per year Bi-Weekly = 24 per year

Start date:

- As soon as possible.**
(No sooner than the month following the month the form is submitted.)
- After paycheck dated:** _____ / _____ / _____

Estimated Annual Salary: \$ _____

Have you contributed to another 457 plan this calendar year? Yes No
(If yes, please attach a copy of your statement from the other 457 plan.)

I wish to defer from final sick/vacation leave pay. Termination Date: _____ / _____ / _____

INVESTMENT ELECTION (FUTURE ONLY)

Make your selection(s) in whole increments totaling 100%. Elections will only change *future* contributions. See transfer section below for transfer of existing balances. Funds are not guaranteed as to rate of return or principal stability. Your employer is held harmless against any losses.

% Stable Value (10)	% Conservative Premixed (21)	% S & P 500 Stock Index (15)	% Small Company Stock (16)
% Money Market (13)	% Moderate Premixed (23)	% Lg. Co. Gro. Stock Index (19)	% International Stock (17)
% Bond Market Index (18)	% Aggressive Premixed (22)	% Lg. Co. Value Stock Index (20)	% Investor Select (24)
% Age-Based: Age 0-39 (26)	% Age-Based: Age 40-59 (27)	% Age-Based: Age 60 & Up (25)	

TRANSFER OF EXISTING BALANCES/ELECTED DEFERRALS

A transfer will move a dollar amount or % of your existing funds from one investment fund to another. A transfer between the Stable Value Fund and the Money Market Fund, which is a "competing fund," is not allowed.

TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.

If making contribution changes or deferring sick/vacation leave, please submit this form to your payroll department.

They will forward the form to NPERS and set up the payroll deduction. If you are *only* making changes to investment elections or transfers, you may submit directly to NPERS. Changes to investment elections/ transfers will be processed within 3 business days of receipt. Changes to contribution amounts will be made the month following receipt of this form. For vacation and sick leave payments for terminating employees, this form must be submitted the calendar month prior to the month of termination.

Member

Signature: _____

Date: _____

Agency

Signature: _____

Agency Number: _____

AGENCY ACTION: Please review this form and the instructions above (for deadlines). You will be notified when the member has been enrolled and deductions may begin.