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Name		FIRST		MIDDLE	Date of Birth			OFFICE USE ONLY	
Social Security Nur	nber		Ema	ail				Initials	
Address			City		State	Zip		Date	
Home Phone	V	Vork Phone		Employer				Fhdr	
	Defer	red Com	pensatio	n Plan (DCP)	Change	For	n		
			-	W THAT APPLY TO CH					
			CONTRIB	UTION CHANGE					
				⁻ he maximum amount ement plans OR (b) :	that may be o	contribut	ed each year is	the lesser of	
YEAR	NORMAL LIMITATION DEFERF		×L +	AGE 50 ADDITIONAL	L CATCH-	Π	AGE 50 MAXIMUM DEFERRAL		
2024	\$23	6,000	T	\$7,500			\$30,500		
	ified if contributio bute up to the Ag			are expected to exc	ceed IRS lin	nitations	s. If you are 50) or older	
FREQUENCY:	Per Pay Period: = 12 per year □ E			t date:] As soon as possible.] After paycheck dated		1	1		
	nual Salary: \$_		, 	you contributed to an					
			(If yes,	please attach a copy of	your statemen	t from the	other 457 plan.)		
🛛 I wish to de	efer from final s	ick/vacation	leave pay. T	ermination Date:	//_		Amount:		
		ements totaling	100%. Elections	ECTION (FUTURE C s will only change future or principal stability. You	e contributions				
% Investor Select (24)			% U.S. Core Plus Bond (BF)			% LifePath Index 2040* (ВМ)			
% U.S. Bond Index (18)			% Life		% LifePath Index 2035* (ВN)				
% Stable Value (10)			% LifeF		<u>% LifePath Index 2030* (во)</u>				
% International Stock Index (BD)							Path Index 2025* (BP)		
Solution Content of the second s			% LifePath Index 2050* (BJ) % LifePath Index 2045* (BL)			% LifePath Index Retirement* (BQ)			
		ks, bonds, etc. th		ust to provide asset alloca	ations that see	k to mitig	ate risk closer to	your intended	
retirement date.								-	
A transfor will mo				ALANCES/ELECTE n one investment fund t		RALS			
TRANSFER \$		01 /0 01 your ext % <u>from</u> t			FUND, <i>into</i> the	<u>a</u>		FUND.	
TRANSFER \$	OR	% <u>from</u> 1			FUND, <u>into</u> the			FUND.	
TRANSFER \$	OR	% from 1				JND, <i>int</i> o the		FUND.	
TRANSFER \$	OR	% <u>from</u> 1		FUND, <u>ii</u>		<u> </u>		FUND.	
TRANSFER \$	OR	% from t		FUND, <u>into</u> the			FUND.		
processed within 3 k done using the Ame	ousiness days of rece ritas online account.	eipt. Changes to If you are a State	contributions wil e of Nebraska er	ay submit directly to NPEF I be made as soon as ad mployee, you must use V ayments for terminating e	lministratively p Vorkday for DC	oossible. / P change	Allocations and T es, unless you are	ransfers may be e rolling your	
Member Signature:					Date:		AGENCY ACTION this form and the (for deadlines). Yo	instructions above	
Agency Signature:				Agency when the member I Number: enrolled and deduc				r has been	

Agency	
Signature:	