



1526 K St. Ste. 400 PO Box 94816 Lincoln, NE 68509-4816 PHONE 402-471-2053 TOLL FREE 800-245-5712 FAX 402-471-9493

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

**Deferred Compensation Plan (DCP) Enrollment Form**

**CONTRIBUTION ELECTION**

Contributions to the plan are pre-taxed 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
2023	\$22,500		\$7,500		\$30,000

You will be notified if contributions designated on this form are expected to exceed IRS limitations. If you contribute to another section 457 tax-deferred plan during the year, please make certain you are within IRS limitations. If you are 50 or older, you may contribute up to the Age 50 Maximum Deferral. Please refer to the DCP handbook for more information.

Contribution Per Pay Period: \$ \_\_\_\_\_

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

Start Date:  **As soon as possible**  
(NPERS must receive the signed form the calendar month prior to the first contribution or any requested change.)

**After** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PAYCHECK DATE

**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.)

Estimated Annual Salary: \$ \_\_\_\_\_

**I wish to defer from final sick/vacation leave pay.**

Termination Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Deferral Amount: \$ \_\_\_\_\_

**INVESTMENT ELECTION**

You must make your selection in whole increments. The total must equal 100%. This election will change the allocation of future contributions only. If you do not make an investment election, your contributions will be invested into a LifePath Index Fund based on your age. See transfer section below for transfer of existing balances. Please refer to your Plan Handbook for further information. Funds are **not guaranteed** as to rate of return or principal stability. Your employer and NPERS are held harmless against any losses in these funds. *Please refer to the NPERS Annual Investment Report for information on the investment options.*

_____ % Investor Select (24)	_____ % U.S. Core Plus Bond (BF)	_____ % LifePath Index 2040* (BM)
_____ % U.S. Bond Index (18)	_____ % LifePath Index 2065* (BG)	_____ % LifePath Index 2035* (BN)
_____ % Stable Value (10)	_____ % LifePath Index 2060* (BH)	_____ % LifePath Index 2030* (BO)
_____ % International Stock Index (BD)	_____ % LifePath Index 2055* (BI)	_____ % LifePath Index 2025* (BP)
_____ % U.S. Total Stock Market Index (BA)	_____ % LifePath Index 2050* (BJ)	_____ % LifePath Index Retirement* (BQ)
_____ % Global Equity (BE)	_____ % LifePath Index 2045* (BL)	

\*LifePath Index funds are a mix of stocks, bonds, etc. that gradually adjust to provide asset allocations that seek to mitigate risk closer to your intended retirement date.

**AUTHORIZATION/SUBMISSION INSTRUCTIONS**

**Submit to your payroll department. They will forward to NPERS and set up payroll deductions.** Forms must be received by NPERS the month prior to the month that participation and contributions begin. For final vacation and sick leave payments, this form must be received the calendar month prior to the month of termination. ***In the event of your death, your account will be paid per your beneficiary listing on file, or per the Nebraska Statutory Priority List. Funds may not be withdrawn until termination, retirement, or approved financial hardship.***

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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.

Agency Signature: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency No.: \_\_\_\_\_