

npers.ne.gov

1526 K St. Ste	e. 400 PO Box 94816	Lincoln, NE 6850	19-4816 РН	IONE 402-471-	2053 TOLL FREI	800-245-5	712 FAX 402-471-9493	
Name ^L	AST	FIRST		MIDDLE	Date of Birth		OFFICE USE ONLY	
Social Security Number Email							Initials	
Address		City	′		State	Zip	Date	
Personal Phone	Wor Pho			Employer			Fhdr	
	Defer	red Compans	ation Pla	n (DCP) E	nrollment	Form		
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	
2024	\$23,000	1		\$7,500			\$30,500	
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 Have you contributed to another 457 plan this calendar year? (If yes, please attach a copy of your statement)						Yes No No not from the other 457 plan.)		
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 Limited Annual Salary: \$ I wish to defer from final sick/vacation Termination Date:/ Deferral Amount: \$							vacation leave pay.	
INVESTMENT ELECTION								
you do not mak for transfer of ex stability. Your e	e your selection in whole ince e an investment election, you xisting balances. Please ref mployer and NPERS are he the investment options.	rements. The total mour contributions will the to your Plan Hand	ust equal 1009 be invested into book for furthe	%. This election to a LifePath Index information. F	dex Fund based of unds are not gua	n your age. S aranteed as t	See transfer section below o rate of return or principal	
% 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) % International Stock Index (BD)			% LifePath Index 2060* (вн) % LifePath Index 2055* (ві)			% LifePath Index 2030* (во) % LifePath Index 2025* (вр)		
% 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	ON/SUBMI	SSION INST	RUCTIONS			
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 ACTIO	DN: Please review this form begin.	and the instructions a	above (for dea	dlines). You wil	l be notified when	the member	has been enrolled and	
					Agency:	Agency:		
Agency Signature:					Agency No	Agency No.:		

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