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1526 K St. Ste	e. 400 PO Box 94816	Lincoln, NE (	58509-4	1816 рно	ONE 402-47	1-2053 TOLL FREE	800-245-5	712 FAX 402-471-9493		
Name	AST	FIRST			MIDDLE	Date of Birth		OFFICE USE ONLY		
Social Security I	Number		E	Email				Initials		
Address			City			State	Zip	 Date		
Personal Phone	Wo Pho	rk one			Employer			Fhdr		
	Defer	red Compe	ensati	ion Pla	n (DCP)	Enrollment	Form			
					ELECTIO					
Contributions						amount that may l ons to retirement p		ed each year is the lesser ):		
YEAR	R NORMAL LIMITATION DEFERRAL			AGE 50 ADDITIONAL			=	AGE 50 MAXIMUM DEFERRAL		
2024	\$23,000			\$7,50	00	\$30,500				
Age 50 Maximum Deferral. Please refer to the DCP handbook for more info					Have 457 p (If yes, Estim	Have you contributed to another 457 plan this calendar year?				
					Defe	rral Amount: \$_				
INVESTMENT ELECTION										
you do not mak may be done us	e your selection in whole in te an investment election, y sing the Ameritas online ac against any losses in these	our contributions count. Funds are	s will be in e <b>not gua</b>	nvested into aranteed as	o a LifePath I s to rate of re	Index Fund based c turn or principal sta	n your age. A bility. Your ei	Allocations and transfers mployer and NPERS are		
% Investor Select (24) % U.S. Con				J.S. Core P	ore Plus Bond (BF) % LifePath Index			ndex 2040* (вм)		
% U.S. Bond Index (18)			% LifePath Index 2065* (BG)			G)	% LifePath Index 2035* (BN)			
% Stable Value (10)			% LifePath Index 2060* (вн)			н)	% LifePath Index 2030* (во)			
				ifePath Inc	th Index 2055* (BI) % LifePa			ndex 2025* (BP)		
	% U.S. Total Stock Market Index (BA)% LifePath Index				dex 2050* (B.	J)	% LifePath I	ndex Retirement* (BQ)		
% Global Equity (BE) % LifePath Index 2045					dex 2045* (BI	L)				
*LifePath Index retirement date		bonds, etc. that	gradually	adjust to p	rovide asset	allocations that see	k to mitigate	risk closer to your intended		
		AUTHORIZ	ATION	SUBMIS	SION INS	TRUCTIONS				
to your payroll d	ska employees must use department, then given to N Statutory Priority List. Fur	PERS. In the ev	ent of yo	our death, y	our accoun	t will be paid per y	our beneficia			
Member Signature: Date:										
	<b>DN:</b> Please review this form	and the instruct	ions abo	ve (for dead	llines). You v	will be notified when	the member	has been enrolled and		
AGENCY ACTIC deductions may	begin.							Agency:		
	begin.					Agency:				
deductions may						Agency: Agency No	.:			
							.:	Page 1 of 1		