

Name LAST FIRST MIDDLE		Date of Birth	OFFICE USE ONLY 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
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 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.

<p>Contribution Per Pay Period: \$ _____</p> <p>Frequency: <input type="checkbox"/> Monthly = 12 per year <input type="checkbox"/> Bi-Weekly = 24 per year</p>	<p>Have you contributed to another 457 plan this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please attach a copy of your statement from the other 457 plan.)</small></p> <p>Estimated Annual Salary: \$ _____</p>
<p>Start Date: <input type="checkbox"/> As soon as possible <small>(NPERS must receive the signed form the calendar month prior to the first contribution or any requested change.)</small></p> <p><input type="checkbox"/> After _____ / _____ / _____ <small>PAYCHECK DATE</small></p>	<p><input type="checkbox"/> I wish to defer from final sick/vacation leave pay.</p> <p>Termination Date: _____ / _____ / _____</p> <p>Deferral Amount: \$ _____</p>

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 in the Stable Value Fund. 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.*

% 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)	

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. ***I understand if I do not complete a Beneficiary Designation Form 1300 for my DCP account; in the event of my death, benefits will go to my estate. Funds may not be withdrawn until termination, retirement, or approved financial hardship.***

Member Signature: _____	Date: _____
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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.: _____