



## Participation Agreement / Deferral Election OASBO 457 Deferred Compensation Plan

School District	Billing Group No.				
School					
Participant Name <i>(First, Middle Initial, Last)</i>	Social Security No.				
<b>Contributions:</b>	Salary Reduction Per Pay <b>(Pre-Tax)</b> % or \$ _____				
<i>Select Pre Tax or</i>	<b>ROTH Contribution Per Pay (Post Tax)</b> % or \$ _____				
<i>Post Tax (Roth)</i>	Total 457 Contributions Per Pay                      % or \$ _____				
	Number of Pay Periods                      X _____ Pay Periods				
	<b>Total Amount of Annual 457 Contribution</b> \$ _____				
<b>Effective Date</b>	This Agreement will be effective upon receipt and processing by the Employer. If you would like to choose a later effective date, please indicate below:  Date: _____  <b>Note that it may take several payroll cycles for your payroll office to process this agreement.</b>				
<b>Select Investment Provider</b>	The contributions/defferals indicated above are to be directed to the following investment provider:  <input type="checkbox"/> <b>VOYA</b> Retirement Insurance and Annuity Company  <input type="checkbox"/> <b>AXA</b> Equitable Life Insurance Company				
<b>Catch-Up Election (Select one only)</b>	<p style="text-align: center;"><b>A. [ ] Three Years Prior to Normal Retirement Age</b></p> <p>For purposes of using the catch up provision available for participants for the three years prior to the year of attainment of normal retirement age, I hereby elect a normal retirement age of _____ and elect to use catch up for the calendar year periods beginning January ____ and ending December _____. I understand that this catch-up election may be made only one time and that this catch-up is only available to the extent of any underutilized prior year deferrals.</p> <p style="text-align: center;"><b>B. [ ] Attainment of Age 50</b></p> <p>I have attained or will attain age 50 this year. I elect to use the catch-up provision available for participants age 50 and older.</p>				
<p>This Agreement is made between the Participant (indicated below) and Employer in conjunction with the Deferred Compensation Plan established and maintained by the Employer. The elections indicated above will remain effective until later changed or revoked by the Participant. I hereby elect to participate in my Employer's 457 Deferred Compensation Plan and adopt the provisions of the Plan. I hereby acknowledge that I have received a copy of the Plan document, where applicable. I acknowledge that I am responsible for determining that the amount of compensation I defer does not exceed the limits set forth in Sections 457 and 414(v) of the Internal Revenue Code, as amended. By signing this form, I certify that the information I provided is complete and accurate.</p>					
<b>Signatures</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; padding: 5px;"><b>Participant's Signature</b></td> <td style="width: 30%; border-bottom: 1px solid black; padding: 5px;"><b>Date (mm/dd/yyyy)</b></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;"><b>Representative's Signature</b></td> <td style="border-bottom: 1px solid black; padding: 5px;"><b>Date (mm/dd/yyyy)</b></td> </tr> </table>	<b>Participant's Signature</b>	<b>Date (mm/dd/yyyy)</b>	<b>Representative's Signature</b>	<b>Date (mm/dd/yyyy)</b>
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