Salary Deferral Agreement
Governmental 457(b) Plan

Wisconsin Deferred Compensation Program 98971-01

Participant Information

Last Name | First Name | MI

Social Security Number

Address - Number & Street

E-Mail Address

City | State | Zip Code

Mo Day Year ❑ Female ❑ Male

( ) Home Phone

( ) Work Phone

Date of Birth

Do you have a retirement savings plan with a previous employer or an IRA? ❑ Yes or ❑ No

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Payroll Information

Specify one of the following:

❑ New Enrollment ❑ Restart Payroll Deductions ❑ Increase Payroll Deductions ❑ Decrease Payroll Deductions ❑ Stop Payroll Deductions

Specify the following:

❑ I elect to contribute $_____ (per pay period) of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

❑ I elect to contribute $_____ (per pay period) of my compensation after-tax as a designated Roth contribution to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed $17,500.00. Your before-tax and Roth deferrals must be specified consistently (as a dollar amount). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

Payroll Effective Date: Mo Day Year

Date of Hire: Mo Day Year

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Payroll Information

Payroll Center Name

Payroll Center Number

Division Name

Division Number

Your Consent and Signature

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made. I also understand that if I am increasing or decreasing my payroll deductions, the new deferral amount will take effect on the first pay period after the first of the month in which the change was made. If I am stopping payroll deductions, all existing deferrals will be cancelled.

Participant Signature **Date**

Participant forward to Plan Administrator/Trustee

Last Name	First Name	MI	Social Security Number

Authorized Signature(s)

Authorized Plan Administrator/Trustee Signature **Date**

Plan Administrator forward to Service Provider at:
5325 Wall Street, Suite 2755
Madison, WI 53718
Phone #: 1-877-457-9327
Fax #: 1-608-241-6045
E-mail: wdcprogram@gwrs.com
Web site: www.wdc457.org