



ICMA-RC 457 DC Plan Age 50 Catch-up Form



Please note the Age 50 Catch Up provisions will allow you to contribute an additional \$6,000 over the deferral limit in effect for the year.

1. Participant Information	Full Name of Participant: _____ Date of Birth: ____/____/____ Age: _____ SSN: _____ Plan #300456
2. Amount of Deferral: Recurring or One Time	I authorize my employer to defer _____% or \$ _____ <u>per pay period.</u> Effective Date: ____/____/____ OR I authorize my employer to defer _____% or \$ _____ <u>from my final payout.</u> Final Pay on: ____/____/____
3. Employee Signature	Participant Signature: _____ Date: ____/____/____
4. Employer's Authorization	Employer's Signature: _____ Date: ____/____/____