Salary Deferral Agreement Governmental 457(b) Plan



Wisconsin Deferred Compensation l	Program				98971-01
Participant Information			1		
Last Name	First Name	MI		Social Security Number	
Address - Number	& Street		.	E-Mail Address	
Address - Ivaliber		1		L-Mail Address	
City	State	Zip Code	Mo Day	Year	e 🗆 Male
()	()				
Home Phone	Work P	Phone	Date of Birt		
				ement savings plan with a proverse or \square No	revious employer
Salary Deferral Agreement					
This Agreement shall apply to all compensation eligible employee. This Agreement supercedes all			, until cancelled, super	rceded, or the employed	e ceases to be an
I understand that I may change the percentage of the Plan. I also understand that it is my responsible	f compensation or do	llar amount contril the Internal Reven	outed to the Plan only ue Code deferral limits	when and as allowed us.	under the terms of
Payroll Information					
Specify one of the following:					
☐ New Enrollment ☐ Restart Payroll Deduction	ons 🔲 Increase Pay	yroll Deductions	☐ Decrease Payroll D	Deductions	yroll Deductions
Specify the following:					
☐ I elect to contribute \$(Compensation Plan until such time as I revok			s before-tax contribution	ons to the Governmenta	l 457(b) Deferred
☐ I elect to contribute \$				d Roth contribution to	the Governmental
Note: The total of your before-tax and Roth (as a dollar amount). If I am 50 years of ag	deferrals cannot exce e or older and I am	eed \$17,500.00. You eligible for a cate	our before-tax and Rot ch-up contribution, I u	h deferrals must be spe inderstand I may exceed	cified consistently d this total.
Payroll Effective Date:	1 1		Date of Hire:		
_	Mo Day Year		M	lo Day Year	
Deferral agreements must be entered into prior to	the first day of the r	month that the defe	erral will be made.		
Payroll Information					
Payroll Center Name			Pay	roll Center Number	
Division Name			Γ	Division Number	
Your Consent and Signature					
I have completed, understand and agree to the agreements must be entered into prior to the f decreasing my payroll deductions, the new defermade. If I am stopping payroll deductions, all exists	irst day of the mont al amount will take e	th that the deferra effect on the first p	l will be made. I als	o understand that if I	am increasing or
Participant Signature			Date		

Participant forward to Plan Administrator/Trustee

Last Name	First Name	MI	Social Security Number
Authorized Signature(s)			
Authorized Plan Administrator/T	rustee Signature		Date
		Plan Administrator forward 5325 Wall Street, Suite 2755 Madison, WI 53718 Phone #: 1-877-457-9327	

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