



DEFERRED COMPENSATION PLAN PARTICIPATION AGREEMENT

Employee Name: _____
(Type or Print Name)

Employee # _____ Contact Phone # _____

DESIRED ACTION (CHECK THE APPROPRIATE BOX BELOW)

☐ NEW ☐ ACCOUNT CHANGE ☐ AMOUNT CHANGE ONLY ☐ STOP ALLOCATIONS

Beginning with my *check dated* _____, I authorize the City of H.B. Payroll Division to deduct a total of \$_____ from each bi-weekly paycheck for the City's Section 457 Deferred Compensation Plan(s). This deduction shall remain in effect until changed in writing by me.

457 PLAN	BI-WEEKLY AMOUNT
NATIONWIDE <i>Note: 2020 maximum contribution = \$19,500</i>	\$_____
ICMA <i>Note: 2020 maximum contribution = \$19,500</i>	\$_____
AGE 50 CATCH UP PROVISION <i>Note: (a) You must reach age 50 by 12-31-20</i> <i>(b) 2020 maximum contribution = \$6,500</i>	\$_____
	TOTAL: \$_____

Note: For MEA employees only, if more than one election allocated, total City's contribution of \$5.50 per pay period will be deposit into the Nationwide Retirement account.

Signature: _____

Date: ____/____/____