

City of Newton
Section 457 Deferred Compensation Plans
Employee Enrollment / Change Form

Employee Name: _____ Department: _____
Employee Social Security #: XXX-XX-_____
(Last 4 digits) Date of Birth: _____

Providers: ICMA Mike Savage Phone (888) 803-2721; email: msavage@icmarc.org
VOYA Ernest Krieger Phone (781) 796-9861; email: ekrieger@kriegergrp.com

1. ENROLLMENT (New Members)

I authorize the City of Newton as my employer to defer \$ _____ of my pay per pay period into my Section 457 Account(s). Deferrals will begin on the week ending _____.

My 457 Plan is: ICMA VOYA

2. CHANGE (To change amount of contribution to 457 Plan or to change 457 Provider)

I authorize the City of Newton to: **STOP** ICMA VOYA

START ICMA VOYA

Change the amount of deduction for my Section 457 plan **FROM** \$ _____

"Zero-Out" (Stop my deduction for my 457 Plan.) **TO** \$ _____

This change should become effective for the week ending _____.

3. CATCH-UP PROVISION

I authorize the City of Newton as my employer to change my deferral of my pay into a "Traditional Catch-Up Deferral (Last 3 Years)".

ICMA \$ _____ VOYA \$ _____

I authorize the City of Newton as my employer to change my deferral of my pay into a "Age 50 Catch-Up Deferral".

ICMA \$ _____ VOYA \$ _____

4. EMPLOYEE SIGNATURE

Employee Signature

Date

02/10