ICMA RC

457 DEFERRED COMPENSATION PLANS
CONTRIBUTION FORM

1. Use this form to change the amount you contribute to your 457 deferred compensation plan account with ICMA-RC.
   Note: You should only use this form if you have previously established an account in your employer's plan.

2. Return the completed form to your employer.

Year	Maximum Contribution	Age-50 Catch-Up	Pre-Retirement Catch-Up
2021	$19,500 (Approximately $750 every two weeks)* * If you are paid semi-monthly (24 pay periods per year), contribute $813 per pay period.	$6,500 ($26,000 total)	$19,500 ($39,000 total)

1 PARTICIPANT INFORMATION

Employer Plan Number: _____   Employer Plan Name: _____

Identification (Please provide your Social Security Number or Employee ID)

Social Security Number: _____ – _____ – _____   **OR**   Employee ID: _____

Full Name of Participant: _____

2 CONTRIBUTION AMOUNT & EFFECTIVE DATE

Contribution Amount *(per pay period)*

I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with ICMA-RC. (Specify a percentage or dollar amount for pre-tax contributions.)

Pre-Tax Contributions: ☐ Percentage: _____ % or   ☐ Dollar Amount: $_____ *(per pay period)*

Normal Contribution Limit (2021): 100% of compensation or $19,500, whichever is less.

Catch-up Contributions: If you are taking advantage of either of the catch-up contribution provisions available to 457 plan participants, please check the applicable box below.

☐   Age 50 catch-up contributions (up to $6,500 more than the normal limit. $26,000 maximum.)

☐   Special pre-retirement catch-up (up to $19,500 more than the normal limit. $39,000 maximum.)

  Please read ICMA-RC's *Pre-Retirement Catch-Up Form* for more information.

Effective Date

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter, unless a later date is specified below.

• Future Effective Date (cannot be earlier than the beginning of the following month): _____ / _____ / _____

3 SIGNATURES

Participant Signature _____   Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Employer Signature _____   Date: ___ ___ / ___ ___ / ___ ___ ___ ___