



**Salary Deferral Agreement  
Governmental 457(b) Plan**

**CERF Savings Plan - 457 Plan**

**98993-01**

**Participant Information**

_____			_____		
Last Name	First Name	MI	Social Security Number		
_____			_____		
Address - Number & Street			E-Mail Address		
_____			_____		
City	State	Zip Code			
(    )	(    )		Mo	Day	Year
_____		_____	_____		
Home Phone		Work Phone	Date of Birth		
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		

**Salary Deferral Agreement**

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

**Payroll Information**

Specify one of the following:

- New Enrollment   
  Restart   
  Increase Payroll Deduction   
  Decrease Payroll Deduction   
  Stop Deductions

Specify the following:

- I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ (per pay period) of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Payroll Effective Date: \_\_\_\_\_  
Mo    Day    Year

Date of Hire: \_\_\_\_\_  
Mo    Day    Year

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

\_\_\_\_\_

Division Name

\_\_\_\_\_

Division Number

\_\_\_\_\_

Location Name

\_\_\_\_\_

Location Number

**Your Consent and Signature**

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

\_\_\_\_\_

**Participant Signature**

\_\_\_\_\_

**Date**

**Participant** forward to Plan Administrator/Trustee at:  
 Great-West Retirement Services®  
 100 N. Tucker Blvd, Suite 100  
 St. Louis, MO 63101  
**Phone #:** 1-877-895-1394  
                   1-314-241-1334  
**Fax #:** 1-314-241-2181  
**Web site:** www.gwrs.com

**Authorized Signature(s)**

\_\_\_\_\_

**Authorized Plan Administrator/Trustee Signature**

\_\_\_\_\_

**Date**

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