



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This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee.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

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCORE, LLC (FASCORE Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCORE, LLC.

