



CERF

COUNTY EMPLOYEES' RETIREMENT FUND

Paycheck Contribution Election Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-701-8255.

98993-01 CERF Savings Plan - 457 Plan

A Participant Information

Social Security Number _____

Account Extension _____

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Last Name _____

First Name _____

M.I. _____

Date of Birth _____

() / () / ()

Street Address _____

Personal Phone Number _____

() / () / ()

City _____

State _____

Zip Code _____

Work Phone Number _____

Email Address _____

Married Unmarried

Division/Location _____

B Payroll Election(s)

Paycheck Contribution Election

Select One: Start Payroll Deductions Restart Payroll Deductions Change Payroll Deductions
 Stop Payroll Deductions Decline Payroll Deductions

Until such time as I revoke or amend my election, I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

Before-Tax Contributions \$ _____ or _____ % (\$1.00 - \$17,000.00 or 1% - 15%)

Date of Hire (mm/dd/yyyy) _____ / _____ / _____

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

I understand the total annual before-tax contributions cannot exceed \$17,000.00 of my eligible compensation in the 2012 tax year.

Catch-Up Election

Age 50 \$457 Catch-Up:

Until such time as I revoke or amend my election, I elect to contribute to the Plan additional Age 50 Catch-Up amount(s) or percentage(s) of my eligible compensation as indicated below (per pay period):

Before-Tax Contributions \$ _____ or _____ %

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

I understand the total before-tax Age 50 Catch-Up amount cannot exceed \$5,500.00 of my eligible compensation in the 2012 tax year. Only one type of \$457 Catch-Up may be used in a calendar year. If I am eligible for both types of Catch-Up this year, I may select either Age 50 \$457 Catch-Up or Special \$457 Catch-Up, whichever would result in the larger Catch-Up amount for this calendar year. I understand that I must be age 50 or older by the end of this calendar year and I may not use the Special \$457 Catch-Up this year.

I elect to cancel my Catch-Up contribution election.

-OR-

Special \$457 Catch-Up:

Until such time as I revoke or amend my election, I elect to contribute to the Plan the Special \$457 Catch-Up amount(s) of my eligible compensation as indicated below (per pay period):

Before-Tax Special \$457 Catch-Up amount of \$ _____

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

I understand the total before-tax Special \$457 Catch-Up amount cannot exceed \$17,000.00 of my eligible compensation in the 2012 tax year. (When added to the basic contribution amount, the aggregate maximum available is \$34,000.00 in 2012.) I understand that I may only use Special \$457 Catch-Up in one or more of the three calendar years that END PRIOR TO Normal Retirement Age (NRA). I have designated my NRA year below. I also understand that I must have "underutilized amounts" by not contributing the maximum amount available to me under this Plan in any prior calendar years in which I was eligible to participate. I have calculated the total underutilized amounts I have available for Special \$457 Catch-Up using the attached Underutilized Amounts Worksheet as indicated below. I understand that the calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.

NRA Year: _____ Underutilized Amount: \$ _____

I elect to cancel my Catch-Up contribution election.



Last Name

First Name

M.I.

Social Security Number

Number

C Signatures and Consent**Participant Consent**

My signature acknowledges that I have read, understand and agree to all pages of the Paycheck Contribution Election and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, this election shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- Payroll elections must be entered into prior to the first day of the month that the deferral will be made.
- I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

Authorized Plan Administrator/Trustee Signature

I authorize the election indicated by the participant above.

Authorized Plan Administrator/Trustee Signature _____ **Date (Required)** _____

D Mailing Instructions

Participant forward to Great-West Retirement Services®

Great-West Retirement Services® please retain this document for your records. Payroll elections are not maintained by Service Provider.

Great-West Retirement Services®

100 N. Tucker Blvd

Suite 100

St. Louis, MO 63101

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.

