



457 Governmental DCP Plan Catch-Up Election

Instructions

Please print using blue or black ink. Send completed form with your completed 457 Governmental DCP Plan Underutilized Deferrals form to the following address or fax it to **1-866-439-8602**. If faxing, please keep original for your records.

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

About You

Plan number

9 8 0 0 3 0

Social Security number

Daytime telephone number

____ - ____ - _____

____ - ____ - _____

area code

First name

MI

Last name

Address

City

State

ZIP code

Catch-Up Years

Your Catch-up years are the 3 years before the year you are eligible to retire.

You may use the Catch-up if the year you plan to retire is a year in which:

- you are able to retire with full benefits, or
- you become at least 65 years old.

Enter Year you may retire with full benefits ____ Enter Year of your 65th Birthday ____

Enter Year you plan to retire ____ Enter Catch-up Years _____, _____, _____

You can use Underutilized Deferrals to increase your maximum in Catch-up years.

Total Underutilized Deferrals (attach an Underutilized Deferrals form) \$ _____

Schedule your Deferrals for Catch-Up Years

Catch-up Year	Gross Annual Compensation (or estimate)	Maximum Deferral without Catch-up	Underutilized Deferrals Applied	Total Deferral with Catch-up
____	\$ _____	\$ _____	\$ _____	\$ _____
____	\$ _____	\$ _____	\$ _____	\$ _____
____	\$ _____	\$ _____	\$ _____	\$ _____

Your Authorization

I hereby acknowledge that I understand and accept the following provisions of the Plan:

- By making this election, I am setting the time period in which I may use the Special 457 3-Year catch-up provision. If I continue to work past my elected retirement date contributions will be reduced to the normal limits. You will need to contact Prudential to establish a deferral rate.
- The retirement date I have elected for participation cannot be earlier than the date upon which I am eligible under the pension Plan to receive full retirement benefits.
- I realize that this election can only be made once, and that this election is irrevocable, regardless of my use of the catch-up provisions available to me.
- Your available contribution amount is reduced by any contributions made to a 457(b) plan in a prior year in which you were eligible to contribute. By signing this form, you certify that you are eligible to contribute this amount. If you have made contributions to another 457(b) plan, please incorporate this amount into your election.

I hereby direct Prudential to implement the transaction indicated above. I affirm that the information given in this form is true and accurate.

X _____ Date ____/____/____
Participant's signature



457 Governmental DCP Plan Underutilized Deferrals

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____ - ____ - ____

Daytime telephone number

____ - ____ - ____
area code

First name

MI

Last name

____ - ____ - ____

Underutilized Deferrals

Underutilized Deferrals are the amounts you were eligible to contribute to a Deferred Compensation Plan *minus* the amounts you actually contributed. For example, if you contributed \$10,000 to your Employer's plan, and you were eligible to contribute \$19,500, you have \$9,500 in underutilized deferrals.

Date employed with current plan ____ / ____ / ____
month day year

Calculate

your
Underutilized
Deferrals
(If you are
underutilizing for
more than four
years, please use
a separate page.)

Past Calendar
Years

Gross Annual
Compensation

\$ ____ , ____

Eligible Deferrals*

\$ ____ , ____

Actual Deferrals

\$ ____ , ____

Underutilized Deferrals

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

\$ ____ , ____

*2011 \$16,500 not to exceed eligible compensation
*2012 \$17,000 not to exceed eligible compensation
*2013 \$17,500 not to exceed eligible compensation
*2014 \$17,500 not to exceed eligible compensation
*2015 \$18,000 not to exceed eligible compensation
*2016 \$18,000 not to exceed eligible compensation
*2017 \$18,000 not to exceed eligible compensation

*2018 \$18,500 not to exceed eligible compensation
*2019 \$19,000 not to exceed eligible compensation
*2020 \$19,500 not to exceed eligible compensation
*2021 \$19,500 not to exceed eligible compensation
*2022 \$20,500 not to exceed eligible compensation

TOTAL UNDERUTILIZED DEFERRALS

\$ ____ , ____

Authorization

I affirm that the information given on this form is true and accurate.

X

Participant's signature

Date

____ / ____ / ____

X

Approved by current payroll representative

Date

____ / ____ / ____