



# 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.

### Empower

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:

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

Enter Year you may retire with full benefits \_\_\_\_\_ Enter Year of your 65<sup>th</sup> 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:

1. 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 Empower to establish a deferral rate.
2. 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.
3. 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.
4. 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 Empower 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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**Empower**  
 30 Scranton Office Park  
 Scranton, PA 18507-1789

**About You**

Plan number \_\_\_\_\_

Social Security number \_\_\_\_\_ 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  
 \*2023 \$22,500 not to exceed eligible compensation

**TOTAL UNDERUTILIZED DEFERRALS** \$ \_\_\_\_\_, \_\_\_\_\_

**Authorization**

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

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Participant's signature

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by current payroll representative