

**PAYCHECK CONTRIBUTION ELECTION  
GOVERNMENTAL 457(b) PLAN**

**Non-State (Cities, Schools, Counties, etc.)**



**Wyoming Retirement System 457 Deferred Compensation Plan**

**93001-02**

**Do Not use this form if your employer requires paperless transactions. Change your deferral amount on-line at [www.wrsdep.com](http://www.wrsdep.com) or by calling 800-701-8255.**

**Participant Information**

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

**Contribution Election**

Agency Name \_\_\_\_\_ Agency Number \_\_\_\_\_

**Specify one of the following:**

- Increase Payroll Deduction     Restart Payroll Deduction     Military Make-up for Year \_\_\_\_\_
- Decrease Payroll Deduction     Contribution Type

**Specify the following:**

- I elect to contribute \$ \_\_\_\_\_ (per pay period) of my compensation as **pre-tax** contributions to the Governmental 457 Deferred Compensation Plan until such time as I revoke or amend my election. **If this is left blank, any prior election will remain in effect.**
- I elect to contribute \$ \_\_\_\_\_ (per pay period) of my compensation **after-tax** as a designated Roth contribution to the Governmental 457 Deferred Compensation Plan until such time as I revoke or amend my election. **If this is left blank, any prior election will remain in effect.**

I understand that I may contribute a minimum of \$20 per month and the total of my pre-tax and after-tax contributions cannot exceed the standard maximum of \$19,500 in 2020. If I am 50 years of age or older during the calendar year, I may choose to contribute an additional Age 50+ Catch-up Contribution of up to \$6,500 in 2020. (Please note: You must indicate your date of birth in the indicated section above to be eligible to contribute above the standard maximum.)

I understand that I may change the dollar amount contributed to the Plan by electing a change in the **month prior to** when it will take effect.

**Payroll Effective Date:**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Mo    Day    Year

