

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

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

WRS



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.wrsdcp.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 maximum of \$20 per month and the total of my pre-tax and after-tax contributions cannot exceed the standard maximum of \$19,500 in 2021. 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 2021. (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

Paycheck Contribution Election

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superseded, or the employee ceases to be an eligible employee.

Required Signatures

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form.

| | |
|---|----------------------|
| _____ Participant Signature | _____ Date |
| _____ Authorized Plan Administrator/Trustee Signature | _____ Date |

Participant fax or mail to Deferred Compensation **Plan Administrator** at:
Wyoming Retirement System
6101 Yellowstone Road, Suite 500
Cheyenne, WY 82002
Phone#: 1-800-989-9324
Fax#: 1-307-777-3621
Web site: www.wrsdcp.com