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 empl www.wrsdcp.com or by calling 80 | | transactions. | Change your def | erral am | ount on-line at |
| Participant Information | | | | | |
| Last Name | First Name | MI | Social Security Number | | |
| Address – Nu | mber & Street | | | F _ 1 | Mail Address |
| radios itu | | | | L IV | Turi Fradross |
| City | State | Zip Code | Mo Day | Year | ☐ Female ☐ Male |
| () | () | | | | ☐ Married ☐ Unmarried |
| Home Phone | Work Phon | e | Date of B | irth | |
| Contribution Election | Agency Name | | Agency Number | | |
| Specify one of the following: | - | | | | |
| • | Restart Payroll Deduction Contribution Type | ☐ Military | Make-up for Year | | _ |
| Specify the following: | | | | | |
| ☐ I elect to contribute \$ Deferred Compensation Plan unt remain in effect. | il such time as I revoke o | of my compens or amend my el | sation as pre-tax of ection. If this is | contributi left blai | ions to the Governmental 457 nk, any prior election will |
| ☐ I elect to contribute \$ Governmental 457 Deferred Corprior election will remain in | npensation Plan until suc | | | | nated Roth contribution to the If this is left blank, any |
| I understand that I may contribute a the standard maximum of \$23,500 i additional Age 50+ Catch-up Contribute a section above to be eligible to contribute I understand that I may change the deffect. | n 2025. If I am 50 years bution of up to \$7,500 in 2 bute above the standard n | of age or older 2025. (Please r naximum.) | during the calend tote: You must ind | dar year, licate you | I may choose to contribute an ir date of birth in the indicated |
| Payroll Effective Date: | | | | | |
| 1 ayron Enective Date. | | | | | |
| Mo | Day Year | | | | |
| Paycheck Contribution Election | n | | | | |
| This Agreement shall apply to all co ceases to be an eligible employee. | mpensation paid from the | e effective date | specified, until ca | ncelled, s | superseded, or the employee |
| Required Signature | | | | | |
| I have completed, understand and ag | gree to the terms of this Ag | greement and a | uthorize the payro | oll deduct | ion as indicated on this form. |
| Participant Signature | | Date | Employees: For office for process Phone #: 1-800- | sing. | be returned to HR or Payroll |

Website: www.wrsdcp.com