

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.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 minimum of \$20 per month and the total of my pre-tax and after-tax contributions cannot exceed the standard maximum of \$23,000 in 2024. 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 \$7,500 in 2024. (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This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superseded, or the employee ceases to be an eligible employee.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 Signature

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

Employees: Form must be returned to HR or Payroll office for processing.
Phone #: 1-800-701-8255
Website: www.wrsdcp.com