

Wake County Public School System 457 Retirement Plan

457 Salary Reduction Agreement (Please Check One)

- Initial 403(b) Salary Reduction Agreement
- Change In Contribution Amount and/or Money Source (Pretax or Roth) (supersedes any prior agreement)
- Terminate Agreement (Stop/Cancel)

Employee and Employer Information	<p>Employee Name (first, middle initial, last) _____ Social Security Number or Employee ID _____</p> <p>Employee Address (Street, City, State, Zip Code) _____</p> <hr/> <p>Plan Number: VFZ257 Employer Name: Wake County Public Schools</p>
457 Pretax Salary Reduction Allocation Election (check one)	<p><input type="radio"/> Initial Salary Reduction Agreement Effective Date: _____ (allow for at least one pay cycle to be effective)</p> <p>I elect to reduce my salary by \$_____ each pay period on a pre-tax basis and have those amount contributed to my Employer's 457 program.</p> <p><input type="radio"/> Change Salary Reduction Agreement Effective Date: _____ (allow for at least one pay cycle to be effective)</p> <p>I elect to change my salary deduction to \$_____ each pay period on a pre-tax basis and have those amounts contributed to my Employers 457 program.</p>
457 Roth Reduction Allocation Election	<p><input type="radio"/> Initial Salary Reduction Agreement Effective Date: _____ (allow for at least one pay cycle to be effective)</p> <p>I elect to reduce my salary by \$_____ each pay period on a post-tax basis and have those amount contributed to my Employer's 457 program.</p> <p><input type="radio"/> Change Salary Reduction Agreement Effective Date: _____ (allow for at least one pay cycle to be effective)</p> <p>I elect to change my salary deduction to \$_____ each pay period on a post-tax basis and have those amounts contributed to my Employers 457 program.</p>
Authorized Signatures	<p>This Agreement is made between the Participant (as indicated below) and the Employer in conjunction with the Plan established and maintained by the Employer. I understand that the total of Pre-tax and Roth 457 contributions cannot exceed the IRS annual contribution limit, including any available Catch-up, to a 457 plan. I further understand that the elections indicated above will remain effective until later changed or revoked by me (unless I exceed maximum limits allowed under the Internal Revenue Code).</p> <p>This Participation Agreement replaces and cancels all previous agreements on file with my Employer.</p> <p>In signing this form, I acknowledge that the maximum allowable contribution each year to the Plan cannot exceed the annual limits set forth by the Internal Revenue Service and that the information provided on this form is complete and accurate, including but not limited to my age as of the end of this tax year and prior contribution history concerning employee deferral plans of the Employer.</p> <p>In witness whereof, this Agreement has been executed by and on behalf of the parties this _____ Day of _____, _____.</p>
Employee Signature:	Employer Signature & Title (if required)