

457 Deferred Compensation Plan Contribution Authorization Form

Remember to make a
copy for your records.

Participant Information

PARTICIPANT'S LAST NAME		FIRST NAME		MIDDLE INITIAL
MAILING ADDRESS				APT #
CITY	STATE	ZIP	WORK PHONE #	
EMAIL			Social Security #	

I request that the following contribution(s) be deducted from my salary per payroll period (whole percentages or whole dollars only):

<input type="text"/>	%	- or -	<input type="text"/>	\$	<input type="text"/>	Pre-Tax Contribution
<input type="text"/>	%	- or -	<input type="text"/>	\$	<input type="text"/>	Roth* (Post-Tax) Contribution
I request a one-time lump sum deferral of			<input type="text"/>	\$	<input type="text"/>	Pre-Tax Contribution
I request a one-time lump sum deferral of			<input type="text"/>	\$	<input type="text"/>	Roth* (Post-Tax) Contribution.
I suspend my pre-tax contributions to the plan effective					<input type="text"/>	/ /
I suspend my Roth* (post-tax) contributions to the plan effective					<input type="text"/>	/ /

The maximum combined pre-tax contribution and Roth contribution amount (including any employer matching contributions, if applicable) cannot exceed the lesser of 100% of your compensation or the annual IRS limit (see the FPPA website at www.FPPAco.org), plus any allowed catch-up contribution.

Employer contributions to the plan may be submitted to FPPA directly through the Employer Portal without the use of this form.

* Roth contributions are only available if your employer can accommodate Roth contributions. Please check with your payroll office. Tax-free distributions are only available if a 5-year holding period is satisfied once you have separated from service and have met one of the following: attained age **59 ½**, disability or death.

Participant Authorization

SIGNATURE OF PARTICIPANT	DATE
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