- 1. Use this form to initiate contributions to your 457 deferred compensation plan or change the amount of your after-tax contributions. Note: You should only use this form if you have previously established an account in your employer's plan.
- 2. Return the completed form to your employer.

Year	Maximum Contribution	Age-50 Catch-Up	Pre-Retirement Catch-Up
2019	\$19,000 (Approximately \$731 every two weeks)	\$6,000	\$19,000 (\$38,000 total)
2017	* If you are paid semi-monthly (24 pay periods per year), contribute \$792 per pay period.	(\$25,000 total)	

PARTICIPANT INFORMATION					
Employer Pl	an Number:	Employer Plan Name:			
Identification (Please provide your Social Security Number or Employee ID)					
Social Securi	y Number:	OR Employee ID:			
Full Name of	Participant:				
2 (0)	ITRIBUTION AMOUNT & EFFECTIVE DAT	E			
Contributio	n Amount (per pay period)				
I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with ICMA-RC. (Specify a percentage or dollar amount for pre-tax and/or Roth contributions.)					
	Pre-Tax Contributions: Percentage:	% or Dollar Amount: \$	(per pay period)		
	Roth Contributions: Percentage:	% or Dollar Amount: \$	(per pay period)		
	Roth contributions are not available in all plobefore selecting this option.	ans. Please check with your employer or IC	CMA-RC to confirm that Roth contributions are offered in your plan		
Normal Contribution Limit (2019): 100% of compensation or \$19,000, whichever is less.					
Catch-up Contributions: If you are taking advantage of either of the catch-up contribution provisions available to 457 plan participants, please check the applicable box below.					
	Age 50 catch-up contributions (up to \$6,000 more t	han the normal limit. \$25,000 maximum.)			
Special pre-retirement catch-up (up to \$19,000 more than the normal limit. \$38,000 maximum.)					
	Please read ICMA-RC's Pre-Retirement Catch-Up Form	m for more information.			
Effective Date					
All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter, unless a later date is specified below.					
Future Effective Date (cannot be earlier than the beginning of the following month):/					
3 SIGNATURES					
Participant S	ignature		Date: / /		
Employer Siç	jnature		Date: / /		