

- Use this form to change the amount you contribute to your 457 deferred compensation plan account with MissionSquare Retirement.  
*Note: You should only use this form if you have previously established an account in your employer's plan.*
- Return the completed form to your employer.

YEAR	MAXIMUM CONTRIBUTION	AGE-50 CATCH-UP	PRE-RETIREMENT CATCH-UP
2021	<p align="center"><b>\$19,500</b></p> <p align="center"><i>Approximately \$750 every two weeks*</i></p> <p align="center"><i>*If you are paid semi-monthly (24 pay periods per year), contribute \$813 per pay period.</i></p>	<p align="center"><b>\$6,500</b></p> <p align="center"><i>\$26,000 total</i></p>	<p align="center"><b>\$19,500</b></p> <p align="center"><i>\$39,000 total</i></p>

**1 PARTICIPANT INFORMATION**

EMPLOYER PLAN NUMBER:	EMPLOYER PLAN NAME:	STATE:
IDENTIFICATION <small>PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER OR EMPLOYEE ID</small>	SOCIAL SECURITY NUMBER:	EMPLOYEE ID:
FULL NAME: <small>LAST, FIRST, MI</small>		EMAIL ADDRESS:

**2 CONTRIBUTION AMOUNT AND EFFECTIVE DATE**

**Contribution 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 MissionSquare Retirement. *(Specify a percentage or dollar amount for pre-tax contributions.)*

Pre-Tax Contributions:   
  Percentage: \_\_\_\_\_%   
 **OR**   
  Dollar Amount: \$ \_\_\_\_\_ *(per pay period)*

**Normal Contribution Limit (2021):** 100% of compensation or \$19,500, 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 \$6,500 more than the normal limit. \$26,000 maximum.)*  
 Special pre-retirement catch-up *(up to \$19,500 more than the normal limit. \$39,000 maximum.)*  
*Please read MissionSquare's Pre-Retirement Catch-Up Form 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):* MM/DD/YYYY \_\_\_\_\_

**3 SIGNATURES**

Participant Signature: _____	Date: MM/DD/YYYY _____
Employer Signature: _____	Date: MM/DD/YYYY _____