

- Use this form to initiate or 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
2023	\$22,500 <i>Approximately \$865 every two weeks*</i> <i>*If you are paid semi monthly (24 pay periods per year), contribute \$937 per pay period</i>	\$7500 <i>\$30,000 total</i>	\$22,500 <i>\$45,000 total.</i>

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 with MissionSquare Retirement. (Specify a percentage or dollar amount)

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

Normal Contribution Limit (2023): 100% of compensation or \$22,500, 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 application box below.

- ☐ Age 50 Catch-up contributions (up to \$7,500 more than the normal limit. \$30,000 maximum.)
- ☐ Special pre-retirement catch-up (up to \$22,500 more than the normal limit. \$45,000 maximum.)
- Please read MissionSquare's [457 Deferred Compensation Plan 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.

Future Effective Date (cannot be earlier than the beginning of the following month):

_____.

3 SIGNATURES

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

