

School District: _____
Eligible 457 Plan Multiple Purpose Election Form

Employee Name: _____
(Print Name)

Date of Birth _____ - _____ - _____ Social Security No. _____ - _____ - _____
Month Day Year

Telephone _____ - _____ - _____

New Participant

Existing Participant

➤ Election of Compensation Reduction \$ _____ / pay (including all catch-up elections below).

Note: The amount you elect cannot exceed the lesser of your taxable compensation from this employer or the applicable annual limit: \$ 19,000 for 2019.

▶ Election of age 50 catch-up (optional) \$6,000 for 2019. \$ _____

▶ Election of Product Vendor: _____

[Note: You are electing to have all of your contributions invested with the product vendor designated above. You will be given the choice to diversify and select your actual investments with this product vendor by completing forms provided by the product vendor. The school district is not responsible or liable for your investment provider choice or your actual investment choices. You may only select one product vendor, and must do so from the list of approved product vendors which is available from the Plan Administrator.]

I acknowledge that my election(s) on this form cannot exceed the maximum election permitted by law for the calendar year in which my election(s) are effective. I understand that I may change my election(s) at any time during the calendar year, but only on a prospective basis, and that my new election(s) will become effective on the first day of the calendar month following the month in which the Plan Administrator receives and accepts my new election form.

Signature: _____
(Employee Signature)

Date: _____

Signature: _____
(Representative Signature)

Date: _____

Signature: _____
(School District Signature)

Date: _____