

**PAYCHECK CONTRIBUTION ELECTION
GOVERNMENTAL 457(b) PLAN**



**Wyoming Retirement System 457
Deferred Compensation Plan**

State Government Employee 93001-01
Other Government Employee 93001-02

Participant Information

Form fields for participant information including Last Name, First Name, MI, Social Security Number, Address, City, State, Zip Code, Home Phone, Work Phone, Date of Birth, and marital status options.

Contribution Election

Agency Name _____ Agency Number _____

Specify one of the following:

- Options for contribution election: Increase Payroll Deduction, Decrease Payroll Deduction, Restart Payroll Deduction, Final Deferral of Accrued Leave, Military Make-up for Year, and Contribution Type.

Specify the following:

- Options for specifying contribution amount and tax treatment: pre-tax or after-tax contributions.

I understand that I may contribute a minimum of \$20 per month and the total of my pre-tax and after-tax contributions cannot exceed the standard maximum of \$22,500 in 2023. If I am 50 years of age or older during the calendar year, I may choose to contribute an additional Age 50+ Catch-up Contribution of up to \$7,500 in 2023. (Please note: You must indicate your date of birth in the indicated section above to be eligible to contribute above the standard maximum.)

I understand that I may change the dollar amount contributed to the Plan by electing a change in the month prior to when it will take effect.

Payroll Effective Date:

Mo Day Year

Paycheck Contribution Election

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superseded, or the employee ceases to be an eligible employee.

Required Signature

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form.

Participant Signature _____ Date _____

Employees: Please return to your HR or Payroll office for processing. Phone #: 1-800-701-8255 Website: www.wrsdcp.com