Missi*nSquare RETIREMENT

457 Deferred Compensation Plans Contribution Form

- 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	
202 3	\$22,500	\$7,500	\$22,500	
	Approximately \$8 6 5 every two weeks*	\$27,000 total	\$45,000 total	
	*If you are paid semi-monthly (24 pay periods per year), contribute \$937 per pay period.			

EMPLOYER PLAN NUMBER: 304022	EMPLOYER PLAN NAME:	City of F	ullerto	n				STATE:	
IDENTIFICATION PLEASE PROVIDE YOUR SOCIAL S	ECURITY NUMBER OR EMPLOYEE ID	SOCIAL S	ECURITY N	UMBER:		♦ OR ▶	EMPLOYEE ID:	-	
FULL NAME: LAST, FIRST, MI						EMAIL ADDRESS:			
2 CONTRIBUTION AMOUNT	TAND EFFECTIVE DA	ATE							
Contribution Amount: (per pay plan account with MissionSquare	ibute the amount spec			, , ,			,	eferred compensation	
Pre-Tax Contributions:	Percentage:	%	OR	☐ Do	llar Amount	: \$	(per pay µ	period)	
Roth Contributions: Roth contributions are not a before selecting this option	'						(per pay µ at Roth contributions ar		
Normal Contribution Limit (20	22): 100% of compen	sation or \$	20,500,	whicheve	r is less.				
Catch-up Contributions:									
If you are taking advantage of eit	ther of the catch-up con	tribution p	rovision	s available	to 457 plar	participani	ts, please check the a	applicable box below.	
Age 50 catch-up contri	butions (up to \$7,500 r	more than t	he norm	al limit. \$	27,000 max	imum.)			
☐ Special pre-retirement	catch-up (up to \$2 2 ,50	00 more tha	an the no	ormal limi	t. \$4 5 ,000				
maxi Meas pread MissionSq	uare's 457 Deferred C	ompensati	ion Plan	Pre-Retir	rement Cato	h-Up Form	for more informatio	n.	
Effective Date:									
All contribution changes will be as soon as administratively possi						ng the date	you submit this forn	n to your employer, or	
• Future Effective Date (can	nnot be earlier than the be	ginning of th	ne followii	ng month):	MM/DD/YYYY		_		
3 SIGNATURES									
Participant Signature:							Date: мм/dd/үүүү		
Employer Signature:									