

# TOWN OF ORANGE, CONNECTICUT

(EMPLOYER NAME)

## SECTION 457(b) GOVERNMENTAL DEFERRED COMPENSATION PLAN CONTRIBUTION ELECTION AUTHORIZATION FORM

**PLAN SELECTION:**     457 PRE-TAX    OR     457 ROTH POST TAX

XXX-XX-

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

The 457(b) Deferred Compensation Governmental Plan has been explained to me, and I have received a description of the plan(s). I understand that I may voluntarily choose to have my pay reduced for contributions to the plan.

### **ELECTION TO CONTRIBUTE**

I elect to contribute a flat dollar amount of \$\_\_\_\_\_ from my bi-weekly pay and authorize my employer to deduct that amount each pay period. I am aware that my contribution may be reduced to comply with Federal tax rules and limits, or plan limits, including any higher limits that apply to participants aged 50 or older, if permitted by the plan. I also understand that this election will take effect with the first pay period beginning on or after the first day of the next month, beginning this election at a reasonable time after I file this election form with my employer. I may stop or change my election for future pay periods by giving my employer written notice. Such notice will be given effect as soon as administratively feasible.

I am aware that my contributions and earnings cannot be withdrawn or paid out until the earliest of, my attainment of age 70 ½, my disability, my termination of employment, or my death. My contributions may be available in the event of serious financial hardship (according to the plan and IRS rules).

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S RECORDS OF THE PLAN.  
A SIGNED COPY OF THIS FORM MUST ALSO BE RETAINED IN THE EMPLOYEE'S PERSONNEL FILE.