

**GOVERNMENTAL 457(b) APPLICATION FOR CATCH-UP**



**Commonwealth of Pennsylvania Deferred Compensation Program**

**98978-01**

**Participant Information**

Last Name	First Name	MI	Social Security Number
Address - Number & Street			E-Mail Address
City	State	Zip Code	Mo Day Year
( ) Home Phone	( ) Work Phone	Date of Birth	

**Catch-Up Election** – You may only choose one type of catch-up election at a time.

- I elect age 50 catch-up.** I understand that I must meet the following criteria: I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the age 50 catch-up amount I have elected to contribute will not be considered a catch-up deferral. I understand that I may contribute an additional \$1,000.00 in 2002, increasing \$1,000.00 each year up to \$5,000.00 in 2006.

**Total deferral amount, including catch-up amount \$** \_\_\_\_\_ This amount will be divided by the remaining number of pay periods during the calendar year.

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

- I elect regular catch-up.** Elected Retirement Date \_\_\_\_\_ Catch-Up Stop Date \_\_\_\_\_

I understand that during 1 or more of the 3 years immediately preceding the year I attain normal retirement age, I may contribute up to twice the normal maximum amount allowable under the Code, applicable regulations and/or my Plan. The maximum I can contribute under regular catch-up is based on unused ceiling amounts from prior years of participation.

UNUSED CEILING AMOUNTS – For Regular Catch-Up		
Deferral Year	Amount of Deferral	Unused Ceiling Amount
<b>TOTAL</b>		

**Total deferral amount, including catch-up amount \$** \_\_\_\_\_ This amount will be divided by the remaining number of pay periods during the calendar year.

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

**Required Signature**

I have read, agree to and understand all pages of this form. This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or until I cease to be an eligible employee. This Agreement supercedes all previous catch-up agreements. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred. The Plan Document is available on the web site at [www.sers457.com](http://www.sers457.com).

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**Participant forward to Service Provider at:**  
Great-West Retirement Services<sup>SM</sup>  
301 Chestnut St., Suite 402  
Harrisburg, PA 17101  
**Phone#:** 1-866-737-7457  
**Fax#:** 1-717-901-3620  
**Web site:** [www.sers457.com](http://www.sers457.com)

