ICMA-RC
Building Retirement Security

457 DEFERRED COMPENSATION PLANS

CONTRIBUTION FORM

1. Use this form to change the amount you contribute to your 457 deferred compensation plan account with ICMA-RC.
   Note: You should only use this form if you have previously established an account in your employer's plan.
2. Return the completed form to your employer.

Year	Maximum Contribution	Age-50 Catch-Up	Pre-Retirement Catch-Up
2016	18,000 (Approximately $692 every two weeks)	$6,000 ($24,000 total)	$18,000 ($36,000 total)

1 PARTICIPANT INFORMATION

Employer Plan Number: 307353 Employer Plan Name: Town of Belmont

Identification (Please provide your Social Security Number or Employee ID)

Social Security Number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___ ***OR*** Employee ID: _____

Full Name of Participant: _____

2 CONTRIBUTION AMOUNT & EFFECTIVE DATE

Contribution Amount *(per pay period)*

I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with ICMA-RC. (Specify a percentage or dollar amount for pre-tax contributions.)

Pre-Tax Contributions: ☐ Percentage: ___ ___ ___ % or ☐ Dollar Amount: $___ ___ ___ ___ ___ *(per pay period)*

Normal Contribution Limit (2016): 100% of compensation or $18,000, whichever is less.

Catch-up Contributions: If you are taking advantage of either of the catch-up contribution provisions available to 457 plan participants, please check the applicable box below.

☐ Age 50 catch-up contributions (up to $6,000 more than the normal limit. $24,000 maximum.)

☐ Special pre-retirement catch-up (up to $18,000 more than the normal limit. $36,000 maximum.)
Please read ICMA-RC's *Pre-Retirement Catch-Up Form* for more information.

Effective Date

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter, unless a later date is specified below.

- Future Effective Date (cannot be earlier than the beginning of the following month): ___ ___ / ___ ___ / ___ ___ ___ ___

3 SIGNATURES

Participant Signature _____ Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Employer Signature _____ Date: ___ ___ / ___ ___ / ___ ___ ___ ___

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