

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

WRS



Non-State (Cities, Schools, Counties, etc.)

**Wyoming Retirement System 457 Deferred Compensation Plan**

**93001-02**

Do Not use this form if your employer requires paperless transactions. Change your deferral amount on-line at [www.wrsdcp.com](http://www.wrsdcp.com) or by calling 800-701-8255.

**Participant Information**

Last Name			First Name			MI			Social Security Number												
Address – Number & Street												E – Mail Address									
City				State				Zip Code				Mo		Day		Year		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
( )				( )				( )										<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried	
Home Phone						Work Phone						Date of Birth									

**Contribution Election**

Agency Name \_\_\_\_\_ Agency Number \_\_\_\_\_

Specify one of the following:

- Increase Payroll Deduction
- Decrease Payroll Deduction
- Restart Payroll Deduction
- Contribution Type
- Military Make-up for Year \_\_\_\_\_

Specify the following:

- I elect to contribute \$ \_\_\_\_\_ (per pay period) of my compensation as **pre-tax** contributions to the Governmental 457 Deferred Compensation Plan until such time as I revoke or amend my election. **If this is left blank, any prior election will remain in effect.**
- I elect to contribute \$ \_\_\_\_\_ (per pay period) of my compensation **after-tax** as a designated Roth contribution to the Governmental 457 Deferred Compensation Plan until such time as I revoke or amend my election. **If this is left blank, any prior election will remain in effect.**

I understand that I may contribute a maximum of \$20 per month and the total of my pre-tax and after-tax contributions cannot exceed the standard maximum of \$19,500 in 2021. 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 \$6,500 in 2021. (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This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superseded, or the employee ceases to be an eligible employee.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 Signatures**

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

_____ <b>Participant Signature</b>	_____ <b>Date</b>
_____ <b>Authorized Plan Administrator/Trustee Signature</b>	_____ <b>Date</b>

**Participant** fax or mail to Deferred Compensation **Plan Administrator** at:  
Wyoming Retirement System  
6101 Yellowstone Road, Suite 500  
Cheyenne, WY 82002  
**Phone#:** 1-800-989-9324  
**Fax#:** 1-307-777-3621  
**Web site:** [www.wrsdcp.com](http://www.wrsdcp.com)