



STATE OF WEST VIRGINIA
DEFERRED COMPENSATION PLAN
PARTICIPATION AGREEMENT

Rev. 1/11/2016

Check ✓ the appropriate transaction below.

Auto Enrollment, New Enrollment, Decline Automatic Enrollment, Restart / Increase Salary Deferral, Termination / Retirement Date, Decrease Salary Deferral, Suspend Salary Deferral, Name / Address Change

PARTICIPANT INFORMATION

Name: Last, First, Middle, Date of Birth, Former Name, Address: Street, City, State, Zip, Social Security #, Agency/Political Subdivision, Date of Employment, Phone: Home, Cell, Work, Former Plan Participant?, Email, Agency/Political Subdivision Work Location

DEFERRAL ELECTION

Before Tax Contributions: I elect to contribute \$ per pay period of my compensation as before-tax contributions to the Plan. Roth Contributions: I elect to contribute \$ per pay period of my compensation after-tax as a designated Roth contribution to the Plan.

Effective Date: This agreement will be effective the first day of the month following the completion of this form or the pay date indicated on the designated line below. Note: If you are suspending your salary deferral, your election will be effective the first available pay date following receipt of this form.

EMPLOYEE AGREEMENT TO PARTICIPATE IN 457 DEFERRED COMPENSATION PLAN / AUTOMATIC ENROLLMENT

The State of West Virginia has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (Plan) for the benefit of its employees. The Plan provides that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the State.

The employee acknowledges the following:

- 1. I elect to participate in the Plan and agree to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code).
2. I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.
3. I agree that the elections indicated above will remain in effect until later changed or revoked by me or my contributions during any year reach the maximum dollar amount allowed under the Plan and Code.
4. It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.

CATCH-UP CONTRIBUTION (To learn more, call toll-free at 1-800-422-7498)

Check below, if you wish to make catch-up contributions as permitted under the Plan. Only one option may be selected during the same year.

SPECIAL SECTION 457(b) CATCH-UP PROVISION - This option is available only during the three consecutive years prior to, but not including, the year the employee attains Normal Retirement Age under the Plan. AGE 50+ CATCH-UP PROVISION - This option is available to employees age 50 and over by the end of the year.

TO DESIGNATE A BENEFICIARY CALL 1-800-551-4218 OR VISIT www.WV457.com

I certify that the information on this form is true, complete and accurate.

KEEP A COPY FOR YOUR RECORDS. RETURN COMPLETED FORM TO YOUR PAYROLL/BENEFITS COORDINATOR

Employee Signature, Date

For Payroll/Benefits Coordinator Use only

Payroll/Benefit Coordinator Signature, Date, State Agency/Political Subdivision