



# STATE OF WEST VIRGINIA DEFERRED COMPENSATION PLAN PARTICIPATION AGREEMENT

Rev. 4/6/2023

Check  the appropriate transaction below.

<input type="checkbox"/> Auto Enrollment	<input type="checkbox"/> Agency Transfer	<input type="checkbox"/> Suspend Salary Deferral	<input type="checkbox"/> Name/Address Change
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Increase/Restart Salary Deferral	<input type="checkbox"/> Age 50 Catchup	<input type="checkbox"/> Termination/Retirement: Term Date _____
<input type="checkbox"/> Decline Automatic Enrollment	<input type="checkbox"/> Decrease Salary Deferral	<input type="checkbox"/> Special Catchup	Last Pay Date _____

### PARTICIPANT INFORMATION

NAME: LAST _____ FIRST _____ MIDDLE _____	_____ <i>Date of Birth</i>
ADDRESS: STREET _____	_____ <i>Social Security #</i>
CITY _____ STATE _____ ZIP _____	_____ <i>Date of Employment</i>
AGENCY / POLITICAL SUBDIVISION _____	Former Plan Participant? Check if yes <input type="checkbox"/>
PHONE: HOME _____ CELL _____ WORK _____	_____ <i>Agency / Political Subdivision Work Location</i>
EMAIL _____	

### DEFERRAL ELECTION

**Before Tax Contributions:** I elect to contribute the following amount per pay period of my compensation as before-tax contributions to the Plan.

\$100     \$50     \$25     \$10    Other (write in amount) \$ \_\_\_\_\_ or \_\_\_\_\_ % of salary

**Roth Contributions:** I elect to contribute the following amount per pay period of my compensation after-tax as a designated Roth contribution to the Plan.

\$100     \$50     \$25     \$10    Other (write in amount) \$ \_\_\_\_\_ or \_\_\_\_\_ % of salary

**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, except suspending your salary deferral will be effective the first available payday following receipt of this form. \_\_\_\_\_ **Effective Date**

### 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. Employees hired on or after July 1, 2007 will be automatically enrolled into the Plan and an amount equal to \$10 per pay period will be deducted from your pay and deposited into an account in your name, to be invested under the Plan. If you do not want to participate in the Plan at this time, please check the "Decline Automatic Enrollment" option above and return the form to your Benefits Coordinator within 30 days of your date of employment. If you elect this option, you may choose to enroll in the Plan at a later date.

- 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. If the latter occurs, my salary deferral election will automatically stop.
  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.

### TO DESIGNATE A BENEFICIARY CALL 1-800-551-4218 OR VISIT [www.WV457.com](http://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	
Payroll/Benefit Coordinator Signature Only	Date	State Agency/Political Subdivision