



STATE OF WEST VIRGINIA DEFERRED COMPENSATION PLAN PARTICIPATION AGREEMENT

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
<input type="checkbox"/> Decline Automatic Enrollment	<input type="checkbox"/> Decrease Salary Deferral	<input type="checkbox"/> Special Catchup	
			Term Date _____
			Last Pay Date _____

PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS			SOCIAL SECURITY #
CITY	STATE	ZIP	DATE OF EMPLOYMENT
AGENCY/POLITICAL SUBDIVISION			
HOME PHONE #	CELL PHONE #	WORK PHONE #	
EMAIL ADDRESS			Married <input type="checkbox"/>
			Unmarried <input type="checkbox"/>

DEFERALL 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 ☐ \$75 ☐ \$50 ☐ \$25 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 ☐ \$75 ☐ \$50 ☐ \$25 Other (write in amount) _____ OR _____ % of salary

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:

- 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).
- I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.
- 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.
- 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.GOV

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