



Salary Deferral Agreement Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan

98966-01

Participant Information

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

Salary Deferral Agreement

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Payroll Information

Specify one of the following:

Sick & Vacation Pay Other (One-time Deferral) Specify reason: _____

Specify the following:

I elect to make a one time contribution of \$ _____ of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan.

Payroll Effective Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Payroll Center Name

Payroll Center Number

Division Name

Division Number

Your Consent and Signature

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature

Date

Participant forward to Human Resources/Payroll Department

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