

**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		Date of Birth				
()		()		Mo		Day	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Home Phone		Work Phone		<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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