



**457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE FORM**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 3803 (Rev. 12-2014)

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A PARTICIPANT INFORMATION</b>	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Organization Name	NDPERS Organization ID

<b>PART B PROVIDER INFORMATION</b>	
Name of Company (Required)	
Agent Name (Required)	Telephone Number

<b>PART C CHECK ALL THAT APPLY</b>	
<input type="checkbox"/> 1. New Application <input type="checkbox"/> 2. Increase Deduction <input type="checkbox"/> 3. Decrease Deduction <input type="checkbox"/> 4. Suspend Deduction (Includes going from full-time to part-time) <input type="checkbox"/> 5. Change Employer: From: _____ To: _____ <input type="checkbox"/> 6. Age 50 or older: Annual Catch-up <input type="checkbox"/> 7. Regular 3 Year Catch-up –457 Deferred Compensation Catch-up Worksheet Certification SFN 51501 MUST accompany this form <input type="checkbox"/> 8. Provider Change <b>YOU MUST complete 2 Participant Agreement forms:</b> 1. One for the new provider & √ 'New Application' 2. One to stop contributions to old provider & √ 'Suspend Deduction'	<input type="checkbox"/> 9. Change in Agent only (Complete Part A, B & F) <input type="checkbox"/> 10. USERRA Missed Contributions <input type="checkbox"/> 11. Lump sum Sick & Annual Leave (Form due at NDPERS by the 15 <sup>th</sup> of the month preceding payout date)

<b>PART D CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION</b>	
<b>Must be completed if you checked 1, 2, 6, 7, 8, 10, or 11 in Part C</b>	
A. Annual Gross Pay	\$ _____
B. Less Employer Retirement Contributions made under a IRC 414(h) arrangement (use most recent pay stub)	\$ _____
C. Includable Compensation (subtract B from A)	\$ _____
D. Maximum Annual Allowable Deduction:	
D 1. Lesser of 100% of Includable Compensation or annual maximum limit (see annual limits on back of form)	
Enter the lesser of D 1 but not less than the minimum annual deduction of \$300.00 (\$25.00) per month	\$ _____
E. Age 50 + catch-up (see annual limits on back of form)	\$ _____
F. Total D + E	\$ _____
G. Pay Period Deduction (F divided by number of pay periods in calendar year)	\$ _____

<b>PART E SALARY REDUCTION AUTHORIZATION.</b>	
<b>Must be completed if you checked 1, 2, 6, 7, 8, 10, or 11 in Part C</b>	
Authorization for deductions must be made in the month prior to the pay period in which the income is earned.	
I authorize my employer to reduce my salary in the amount of \$ _____ for the pay period beginning date (not date paid) _____.	
<b>(The signature date in Part F must be in the month prior to the pay period date entered here.)</b> (month, day, year)	
With regard to this agreement, the Participant acknowledges the following (read and initial each statement):	
_____	I understand that my salary will be reduced each pay period by the amount authorized above. The deduction can not be changed or stopped without an authorized participant agreement form returned to payroll from NDPERS.
_____	I understand the accumulated deferred salary is credited to my account and is not available to me or my beneficiary(ies) until I separate from service, unless, I should experience an unforeseeable emergency and a distribution is approved by the NDPERS Board. .
_____	I acknowledge that the Retirement Board makes no recommendation as to any provider and understand that the Retirement Board does not warrant or guarantee the investment performance of any provider.
_____	I understand that all compensation deferred under the Plan, and all earnings accruing thereof, shall be held for the exclusive benefit of myself or my Beneficiary, until such time as it is made available to me pursuant to the terms of the Plan.
_____	I understand that this agreement includes the beneficiary forms as executed with and maintained by my provider.

<b>PART F PARTICIPANT AUTHORIZATION</b>	
I verify that the foregoing statements are true and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentations and fraud.	
_____	_____
Participant Authorization	Date
<b>(This date must be in the month prior to the date entered in Part E)</b>	



**ANNUAL LIMITS**

Annual Limit for 2015:	\$18,000
Age 50+ Limit for 2015:	\$24,000
Regular 3 Year Catchup:	\$36,000

**PART A PARTICIPANT INFORMATION**

For member identification, please provide all requested information.

**PART B PROVIDER INFORMATION**

If you check 'New Application in Part C, you must first select and contact one of the eligible providers for the plan. The provider representative you select will assist you in completing the required forms to open an account.

**PART C CHECK ALL THAT APPLY**

Check the applicable box(s).

**PART D CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION**

The minimum contribution is \$25.00 per month. The maximum regular annual contribution limit is the lesser of 100% of annual compensation or the annual maximum limit indicated above.

**PART E SALARY REDUCTION AUTHORIZATION**

The IRS regulations require you to make your deferral election in the month prior to the month the salary is earned.

**PART F PARTICIPANT AUTHORIZATION**

Sign where indicated. If you completed Part E, your signature must be dated in the month prior to the month entered in that section.