



457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE FORM

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 3803 (Rev. 07-2008)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

PART A PARTICIPANT INFORMATION		
Name (Last, First, MI)		Date of Birth
Address (City, State, Zip Code)		Social Security Number
Department/Agency	Department Number	Day Time Telephone Number

PART B PROVIDER INFORMATION	
Name of Company	
Agent Name	Telephone Number

PART C CHECK ALL THAT APPLY		
<input type="checkbox"/> 1. New Application	<input type="checkbox"/> 8. Age 50 or older: Annual Catch-up	<input type="checkbox"/> 13. Lump sum Sick & Annual Leave
<input type="checkbox"/> 2. Increase Deduction	<input type="checkbox"/> 9. Regular 3 Year Catch-up	
<input type="checkbox"/> 3. Decrease Deduction	<input type="checkbox"/> 10. Change in Agent only (Complete Part A, B & F)	
<input type="checkbox"/> 4. Address Change (Complete Part A, B & F)	<input type="checkbox"/> 11. Change Employer: From: _____ To: _____	
<input type="checkbox"/> 5. Name Change (Complete Part A, B & F)	<input type="checkbox"/> 12. USERRA Missed Contributions	
<input type="checkbox"/> 6. Suspend Deduction (Includes going from full-time to part-time)		
<input type="checkbox"/> 7. Provider Change YOU MUST complete 2 Participant Agreement forms; one for the new provider, ✓ 'New Application' and one to stop contributions to old provider, ✓ 'Suspend Deduction'.		

PART D CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION	
Must be completed if you checked 1, 2, 7, 8, 9 or 12 in Part C	
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)	\$ _____

PART E SALARY REDUCTION AUTHORIZATION.	
Must be completed if you checked 1, 2, 3, 6, 7, 8, 9, 12 or 13 in Part C	
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) _____.	
(The signature date in Part G must be in the month prior to the pay period date entered here.) (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 PERS.
_____	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.

PART F PARTICIPANT AUTHORIZATION	
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
(This date must be in the month prior to the date entered in Part E)	

PART G NDPERS AUTHORIZATION	
Approved for the Retirement Board by:	
_____	_____
NDPERS Authorized Agent, North Dakota Deferred Compensation Plan	Date

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

ANNUAL LIMITS

Annual Limit for 2009: \$16,500
Age 50+ Limit for 2009: \$ 5,500

PART A PARTICIPANT INFORMATION

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.

PART G NDPERS AUTHORIZATION

Return the form to your payroll/human resource office or submit it to NDPERS. You and your employer will receive a copy of the enrollment/change form after it has been approved by the NDPERS Authorized Agent.

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