

VOYA
Section 457 Deferred Compensation Plans
Employee Enrollment/Change Form

Employee Name: _____ Plan/Dept: _____

Employee Social Security #: _____ Date of Birth: _____

1. ENROLLMENT (New Members)

I authorize my employer to defer \$_____ of my pay per pay period into my 457 Account.

Deferrals will begin on the week ending _____.

2. CHANGE

Change the amount of deduction for my 457 Plan **FROM** \$_____

TO \$_____

"Zero-Out" (Stop my deduction for my 457 Plan.)

This change should become effective for the week ending _____

3. CATCH-UP PROVISION

I authorize my employer to change my deferral of my pay into a "Traditional Catch-Up Deferral".

\$_____

I authorize my employer to change my deferral of my pay into a "Age 50 Catch-Up Deferral".

\$_____

4. EMPLOYEE SIGNATURE

Employee Signature

Date