



Paycheck Contribution Election
Governmental 457(b) Plan

Louisiana Public Employees Deferred Comp. Plan

98228-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at www.louisianadcp.com or contact Service Provider at 1-800-937-7604.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Daytime Phone Number

(The name provided MUST match the name on file with Service Provider.)

Alternate Phone Number

Division/Payroll Center

I have a retirement savings account with a previous employer or an IRA. Yes or No

I would like help consolidating my other retirement accounts into my account with State of Louisiana. Yes, I would like a representative to call me at phone # to review my options and assist me with the process. The best time to call is to A.M./P.M. (circle one - available 7 a.m. to 9 p.m. Central time). \*Rollovers are subject to my Plan's provisions.

B Payroll Election(s)

Paycheck Contribution Election (Payroll Deductions)

Select One: Start Restart Change Stop

I elect to contribute to the Plan the following of my eligible compensation indicated below (per pay period):

Before Tax Contributions \$ or % (do not complete both) (up to \$19,500.00 or 1% - 100%)

Roth Contributions \$ or % (do not complete both) (up to \$19,500.00 or 1% - 100%)

Payroll Effective Date (mm/dd/yyyy) / / Date of Hire (mm/dd/yyyy) / /

The total annual before-tax and Roth contributions cannot exceed \$19,500.00 of my eligible compensation in the 2021 tax year.

Leave Pay/Lump-Sum Pay

I wish to direct all of my first 300 hours of leave pay (if available) from my last paycheck not to exceed the annual contribution limit. Final paycheck date: (Form must be received the month prior to your final paycheck date.)

-OR-

I wish to direct \$ of leave pay from my last paycheck not to exceed the annual contribution limit. Final paycheck date: (Form must be received the month prior to your final paycheck date.)

Catch-Up Election

Age 50 \$457 Catch-Up:

I elect to contribute to the Plan additional Age 50 Catch-Up amounts of my eligible compensation as indicated below (per pay period):

Payroll Effective Date (mm/dd/yyyy) / /

The total before-tax Age 50 Catch-Up amount cannot exceed \$6,500.00 of my eligible compensation in the 2021 tax year. Only one type of \$457 Catch-Up may be used in a calendar year. If I am eligible for both types of Catch-Up this year, I may select either Age 50 \$457 Catch-Up or Special \$457 Catch-Up, whichever would result in the larger Catch-Up amount for this calendar year. I must be age 50 or older by the end of this calendar year and I may not use the Special \$457 Catch-Up this year.

I elect to cancel my Catch-Up contribution election.

-OR-

Special \$457 Catch-Up:

I elect to contribute to the Plan the Special \$457 Catch-Up amounts of my eligible compensation as indicated below (per pay period):

Payroll Effective Date (mm/dd/yyyy) / /

The total before-tax Special \$457 Catch-Up amount cannot exceed \$19,500.00 of my eligible compensation in the 2021 tax year. (When added to the basic contribution amount, the aggregate maximum available is \$39,000.00 in 2021.) I may only use Special \$457 Catch-Up in one or more of the three calendar years that END PRIOR TO Normal Retirement Age (NRA). I have designated my NRA year below. I must have "underutilized amounts" by not contributing the maximum amount available to me under this Plan in any prior calendar years in which I was eligible to participate. I have calculated the total underutilized amounts I have available for Special \$457 Catch-Up using the attached Underutilized Amounts Worksheet as indicated below. The calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.

NRA Year: Underutilized Amount: \$

I elect to cancel my Catch-Up contribution election.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Number \_\_\_\_\_

**C Signatures and Consent** *(Signatures must be on the lines provided.)***Participant Consent** *(Please sign on the 'Participant Signature' line below.)*

My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- Payroll elections must be entered into prior to the first day of the month that the deferral will be made.
- If I am increasing or decreasing my payroll deductions, the new deferral amount will take effect on the first pay period after the first of the month in which the change was made.
- If I am stopping payroll deductions, all existing deferrals will be cancelled.
- I may change the amount of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

**Participant Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Authorized Plan Administrator Signature** *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I authorize the election indicated by the participant above.

**Authorized Plan Administrator Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Print Full Name** \_\_\_\_\_

**D Mailing Instructions**

**Participant** forward this form to:

Louisiana Public Emp Def Comp Plan  
9100 Bluebonnet Centre Blvd.  
Suite 203  
Baton Rouge, LA 70809  
**Fax #: 1-225-296-6832**

**After all signatures have been obtained, this form can be**

<b>Sent Regular Mail to:</b>	<b>OR</b>	<b>Sent Express Mail to:</b>
State of Louisiana		State of Louisiana
PO Box 173764		8515 E. Orchard Road
Denver, CO 80217-3764		Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

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