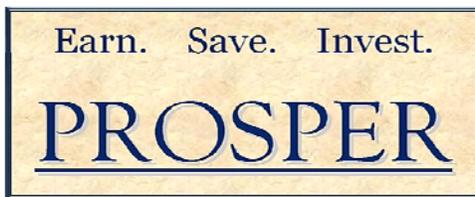


Please fax completed form to Delaware State Treasury at 302-677-7031.

# Participant Agreement Form

## State of Delaware 457(b) Plan



This form can be used to make changes to existing 457 plan deferral amounts.

### Part 1. Employee Information

Name: \_\_\_\_\_  
Social Security # or Employee ID #: \_\_\_\_\_

### Part 2. Contribution Information (Fill in all that apply)

Change my regular deduction amount. This is notification to change the amount of my deduction from \$\_\_\_\_\_ to \$\_\_\_\_\_ per pay.

(The maximum amount you can contribute in regular contributions for 2013 is \$17,500)

I am eligible to contribute more than \$17,500. (Check one or the other if applicable).

I wish to contribute \$\_\_\_\_\_ per pay, (Maximum \$5,500) for the age 50 and older catch up contribution. Provide your age at end of current tax year\_\_\_\_\_.

I wish to contribute \$\_\_\_\_\_ per pay, (Maximum \$17,500) for the recapture option. Provide your age at end of current tax year\_\_\_\_\_ and years of service \_\_\_\_\_.

### Part 3. Agreement

By signing this Agreement, Employee agrees to modify his/her salary as indicated above, Employee certifies that the social security number or employee ID number in Part 1 is correct, and Employee agrees to the terms of the 457 Plan, acknowledges that the 457 Plan shall be governed by the laws of the State of Delaware. The Employee understands and agrees that this Agreement:

1. Is legally binding with respect to amounts paid and available while it is in effect.
2. Is effective only for amounts not yet earned or made available.

Employee further agrees that:

1. He/she is responsible for the accuracy of the information provided by Employee, which is used in determining Employee's maximum annual contribution limit.
2. This Agreement will remain in effect until another agreement is entered into.
3. This Agreement supersedes all prior agreements and shall automatically terminate if your employment with your current school/agency is terminated.

Employee may request additional information from the State of Delaware prior to completing and signing this Agreement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Employee