

Please fax completed form to Josh Hitchens at 302-677-7031.



PARTICIPANT AGREEMENT FORM

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 deduction amount. This is notification to change the amount of my deduction from \$ _____ to \$ _____ per pay.
- Discontinue payroll deduction.
- I am eligible to contribute more than \$16,500. (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 \$16,500) 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 Signature