



457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 3803 (Rev. 11-2019)

NDPERS • 400 East Broadway Ave • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION

Form with fields: Name (Last, First, Middle), NDPERS Member ID, Last Four Digits of Social Security Number, Date of Birth (mm/dd/yyyy), Organization Name, NDPERS Organization ID

PART B PROVIDER INFORMATION

Form with fields: Name of Company (Required), Agent Name (Required), Telephone Number

PART C CHECK ALL THAT APPLY

Form with checkboxes for: 1. New Application, 2. Increase Deduction, 3. Decrease Deduction, 4. Suspend Deduction, 5. Age 50 or older: Annual Catch-up, 6. Regular 3 Year Catch-up, 7. Provider Change, 8. Change in Agent only, 9. USERRA Missed Contributions, 10. Lump sum Sick & Annual Leave, Exclude Regular Monthly Deduction

PART D CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION

Must be completed if you checked 1, 2, 3, 6, 9, or 10 in Part C

Form with calculation fields: A. Annual Gross Pay, B. Less Employer Retirement Contributions, C. Includable Compensation, D. Maximum Annual Allowable Deduction, E. Pay Period Deduction

PART E SALARY REDUCTION AUTHORIZATION

Must be completed if you checked 1, 2, 3, 6, 9, or 10 in Part C

Form with text: 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. Amount, Pay Period Beginning Date

(The signature date in Part F must be in the month prior to the pay period date entered here.)

Form with text: 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... I understand the accumulated deferred salary is credited to my account... I acknowledge that the Retirement Board makes no recommendation... I understand that all compensation deferred under the Plan... I understand that this agreement includes the beneficiary forms... I authorize NDPERS to work with the North Dakota Office of Management and Budget...

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.

This form must be dated in the month prior to a lump Sum payout (Part C #10) or the date listed in Part E.

Form with fields: Participant's Signature, Date (Must be prior to the date listed on Part E)

**ANNUAL LIMITS**

Annual Limit for 2019: \$19,000  
Age 50+ Limit for 2019: \$25,000  
Regular 3 Year Catchup: \$38,000 Regular 3 Year Catchup must be within three (3) year **prior to the year in which you retire.**

**PART A MEMBER INFORMATION**

For member identification, please 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.