

457(b) FINAL THREE YEAR CATCH-UP REQUEST

For use with 457(b) Deferred Compensation Plan Only, Not for use with 403(b) Plans

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having an asterisk notation are required.

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

Your employer's 457 plan permits eligible participants to utilize the Final Three Year Catch-Up. This catch-up permits employees to contribute up to twice the base limit (\$45,000 in 2023) in the three year period prior to the year in which the participant reaches the normal retirement age as defined by the plan.

Employer Information

* Employer Name, City and State:

* Date of Hire:

Participant Information

* Social Security Number: * First Name: MI: * Last Name:

*Maiden/Former Name: * Date of Birth:

*Phone: *Email address:

- I am a police officer or firefighter.
- I have previously contributed amounts in excess of my age-based contribution limit under the auspices of the final three year catch-up provision.
- Between January 1, 1979 and December 31, 2001, I have previously contributed to a 403(b), 457, 401(k), 402(h)(1)(B) simplified employee pension (i.e., SARSEP), 408(p) simple retirement plan (i.e., simple IRA), or any other plan in which a deduction was allowed at another employer.

If permitted by my Plan, I wish to designate my normal retirement age as

Employee Signature (Mandatory)

By signing below, I hereby request that TDS calculate my eligibility for the Final Three Year Catch-Up provision, and update my Maximum Allowable Contribution (MAC) based upon the outcome of such calculation(s). I acknowledge that my designation of normal retirement age is irrevocable if and when deferrals allowed by the Final Three Year Catch-Up are made. I further understand that my MAC will revert to the age-based limit at the close of the current calendar year, and, therefore, I will be required to resubmit this form and any requested information and/or documentation in order to utilize the Final Three Year Catch-Up in subsequent years. I further acknowledge that determination of my eligibility for this catch-up provision may be contingent upon my ability to supply the TDS group with historical information and documentation concerning my prior contributions to my retirement plan(s), and agree to furnish such information and/or documentation upon request.

Employee Signature: Date:

Please return this form to Tax Deferred Solutions, unless otherwise advised by your employer.

Tax Deferred Solutions
6939 Sunrise Blvd, Suite 250
Citrus Heights, CA 95610

Phone: (866) 446-1072
Fax: (916) 221-5040