



**STATE OF WEST VIRGINIA
DEFERRED COMPENSATION PLAN
PARTICIPATION AGREEMENT**

Rev. 11/2009

Check the appropriate transaction below.

- Auto Enrollment
 New Enrollment
 Decline Automatic Enrollment
 Restart/Increase Salary Deferral
 Termination/Retirement Date: _____
 Decrease Salary Deferral
 Suspend Salary Deferral
 Name/Address Change

PARTICIPANT INFORMATION

Name _____ (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____
 Former Name _____ Social Security # _____
 Address _____ (Street) _____ Date of Employment _____
 _____ (City) _____ (State) _____ (ZIP Code) Former Plan Participant? Check if yes
 Agency/Department _____ Agency/Department Work Location _____
 Phone (_____) _____ (_____) _____ Email Address _____
 Home Phone No. Work Phone No.

DEFERRAL ELECTION

Salary Deferral Amount \$ _____ per pay period If applicable, include amount of catch-up and complete Catch-up Contribution section below.

Effective Date: This agreement will be effective the first day of the month following the completion of this form or the pay date indicated on the designated line below. *Note:* If you are suspending your salary deferral, your election will be effective the first available pay date following receipt of this form. **Effective Date:** _____

EMPLOYEE AGREEMENT TO PARTICIPATE IN 457 DEFERRED COMPENSATION PLAN / AUTOMATIC ENROLLMENT

The State of West Virginia has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (Plan) for the benefit of its employees. The Plan provides that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the State. Employees hired on or after July 1, 2007 will be automatically enrolled into the Plan and an amount equal to \$10 per pay period will be deducted from your pay and deposited into an account in your name, to be invested under the Plan. If you do not want to participate in the Plan at this time, please check the "Decline Automatic Enrollment" option above and return the form to your Benefits Coordinator within 30 days of your date of employment. If you elect this option, you may choose to enroll in the Plan at a later date.

The employee acknowledges the following:

- I elect to participate in the Plan and agree to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code).
- I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.
- I agree that the elections indicated above will remain in effect until later changed or revoked by me or my contributions during any year reach the maximum dollar amount allowed under the Plan and Code. If the latter occurs, my salary deferral election will automatically stop.

CATCH-UP CONTRIBUTION (To learn more, call toll-free at 1-877-786-2982)

Check below, if you wish to make catch-up contributions as permitted under the Plan. Only one option may be selected during the same year.

SPECIAL SECTION 457(b) CATCH-UP PROVISION – This option is available only during the three consecutive years prior to, but not including, the year the employee attains Normal Retirement Age under the Plan. A 457(b) Plan Catch-up Election form is required for this option. For this form and further information, contact your local ING representative.

Calendar year to begin _____ Calendar year to end _____

AGE 50+ CATCH-UP PROVISION – This option is available to employees age 50 and over by the end of the year. Date of birth _____

The participant cannot use both the special section 457(b) catch-up provision and the age 50+ catch-up provision during the same year. The participant must choose the option most beneficial to him or her.

TO DESIGNATE A BENEFICIARY CALL 1-800-584-6001 OR VISIT www.WV457.com

I certify that the information on this form is true, complete and accurate.

**KEEP A COPY FOR YOUR RECORDS.
RETURN COMPLETED FORM TO YOUR
PAYROLL/BENEFITS COORDINATOR**

Participant's Signature _____ Date _____

For Payroll/Benefits Coordinator Use only

Payroll/Benefit Coordinator Signature _____ Date _____ State Agency/Political Subdivision _____

Coordinator please mail or fax a copy of this form to Office of the State Treasurer, One Player's Club Drive, Charleston, WV 25311, Fax: 304-340-1503