UMass Amherst employees: please return the completed form to the UMass System Office - hrpo@umassp.edu

Paycheck Contribution Election
Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-877-457-1900.

98966-01 Massachusetts Deferred Compensation SMART Plan

A Participant Information

Last 4 digits of Social Security Number | UMass Employee ID#

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Last Name | First Name | M.I. | Date of Birth

Street Address | Personal Phone Number

City | State | Zip Code | Work Phone Number

Email Address | ❑ Married ❑ Unmarried

MA 2 UMass Amherst Div 5521
Division/Payroll Center

B Payroll Election(s)

Paycheck Contribution Election *(Payroll Deductions)*

Select One: ❑ Sick & Vacation Pay ❑ Other (one-time Deferral) Specify reason: _____

I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below *(per pay period)*:

❑ Before-Tax Contributions $_____ or _____% ($10.00 - $18,500.00 or 1% - 100%)

❑ Roth Contributions $_____ or _____% ($10.00 - $18,500.00 or 1% - 100%)

Payroll Effective Date *(mm/dd/yyyy)* Date of Hire *(mm/dd/yyyy)*

The total annual before-tax and Roth contributions cannot exceed $18,500.00 of my eligible compensation in the 2018 tax year.

C Participant Consent

My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- Payroll elections must be entered into prior to the first day of the month that the deferral will be made.
- I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____ **Date *(Required)*** _____

D Mailing Instructions

Participant forward to Human Resources/Payroll Department