

457 Plan Payroll Contribution Change Form Special/ Sick and Annual Payroll

(Use only for these payrolls)

Employee Name (print) _____

SSN # _____

I am requesting the payroll department to make a one time deduction of \$_____ from my special/ sick and annual payroll as a 457 Plan contribution. I understand that this will **not** change my normal monthly contribution amount, and it will continue as in previous months until I make a change with Great-West Retirement Services (GWRS). I will be responsible to stay within the annual Plan limits.

I further understand that this form must be received by my payroll office and then forwarded to Great-West by the end of the month **prior** to the month in which the sick and annual leave is to be paid. The deferral must occur within two and one-half months from the termination/retirement date.

Compliance with Plan Document and/or the Code- I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my deferral of sick and annual funds is in compliance with any applicable requirement of the Plan Document and /or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Employee Signature _____ Date _____

Agency Name _____

Agency Payroll Signature _____ Date _____

Payroll Dept. will be responsible for processing the one-time deduction.

Agency Payroll Administrator, please fax or mail this form to:

GWRS: Fax # 303-830-3531

State of Colorado 457 Plan
1775 Sherman St. # 2820
Denver CO 80203