

457 Plan Special or Sick/Annual Payment Deferral Form



ING
Attn: Colorado PERA 457 Plan
PO Box 23219
Jacksonville, FL 32241-3219
1-800-759-7372
Fax: 1-888-310-6019

Complete this form if you would like to deduct 457 Plan contributions from a one-time payment of a special or sick/annual payroll payment. You may contribute a whole dollar amount, provided that amount does not exceed a yearly maximum set by the IRS. After completing the form, give it to your employer to complete the bottom portion before sending the form to ING at the address above. The form must be received by ING by the end of the month prior to the month in which the special or sick/annual pay is to be paid.

PLEASE PRINT OR TYPE IN DARK INK

Member SSN

- -

Name _____

Last

First

M.I.

Telephone (_____) Work Telephone (_____)

Address _____

Street

City

State

ZIP Code

Deferral Information

One-Time Deferral Amount: \$ _____ OR Defer All One-Time Pay

Annual Salary: \$ _____

Authorization

I understand that completing this form authorizes a one-time deferral amount to my 457 Plan account from my special or sick/annual pay.

I understand that completing this form will not change my normal monthly contribution amount. I understand that I may change my monthly contribution amount online by logging on to my 457 Plan account.

I understand that my employer must complete the information below and this form must be received by ING by the end of the month prior to the month in which the special or sick/annual pay is to be paid.

I understand that the deferral must occur within two and a half months from the date of separation from service, or the end of the calendar year that contains the separation from service, whichever is later.

I understand that it is my responsibility to monitor my total annual contributions to ensure that they do not exceed the maximum amount allowed by the IRS. I assume sole liability for any tax, penalty, or costs that may be incurred.

Participant Signature _____ Date _____

To Be Completed by Employer

Date Form Received: _____

Employer: _____ Employer Number: _____

Effective Pay Date: _____

Employer Payroll Personnel Name: _____ Telephone: _____

Employer Payroll Personnel Signature: _____ Date: _____