

**Salary Deferral Agreement
Governmental 457(b) Plan**

North Carolina Deferred Compensation Plan

88021-01

Participant Information

_____ Last Name	_____ First Name	_____ MI	_____ Social Security Number
_____ Address - Number & Street			_____ Department of the State
_____ City	_____ State	_____ Zip Code	_____ E-Mail Address
() _____ Home Phone	() _____ Work Phone	Mo Day Year _____ Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Payroll Information

Specify one of the following:

- New Enrollment Restart Increase Payroll Deduction Decrease Payroll Deduction Stop Deductions

Specify the following:

- I elect to contribute _____% or \$_____ (per pay period) of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Required Signatures - I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made. I also understand that if I am increasing or decreasing my payroll deductions, the new deferral amount will take effect on the first pay period after the first of the month in which the change was made. If I am stopping payroll deductions, all existing deferrals will be cancelled.

Participant Signature

Date

Authorized Plan Administrator/Trustee Signature

Date

Participant forward to Plan Administrator/Trustee
Plan Administrator forward to Service Provider at:
Great-West Retirement Services®
Two Hannover Square, Suite 1640
Raleigh, NC 27601
Phone #: 1-888-600-2763
Fax #: 1-919-755-3688
Web site: www.ncdefcomp.com

