



Governmental 457(b) Application for Catch-Up

Metropolitan Transportation Authority 457 Deferred Compensation Plan

98979-01

Participant Information

Form with fields for Last Name, First Name, MI, Social Security Number, Address, City, State, Zip Code, Home Phone, Work Phone, E-Mail Address, and Date of Birth.

Catch-Up Election - You may only choose one type of catch-up election at a time.

I elect age 50 catch-up. I understand that I must meet the following criteria: I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan.

Total deferral amount, including catch-up amount \$ This amount will be divided by the remaining number of pay periods during the calendar year.

Payroll Effective Date: Mo Day Year

I elect regular catch-up. Elected Retirement Date Catch-Up Stop Date

I understand that during 1 or more of the 3 years immediately preceding the year I attain normal retirement age, I may contribute up to twice the normal maximum amount allowable under the Code, applicable regulations and/or my Plan.

Table with 3 columns: Deferral Year, Amount of Deferral, Unused Ceiling Amount. Includes a TOTAL row.

Total deferral amount, including catch-up amount \$ This amount will be divided by the remaining number of pay periods during the calendar year.

Payroll Effective Date: Mo Day Year



Last Name

First Name

MI

Social Security Number

Required Signatures

I have read, agree to and understand all pages of this form. This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or until I cease to be an eligible employee. This Agreement supercedes all previous agreements.

Participant Signature

Date

I affirm that this participant is eligible to participate in the catch-up election indicated above.

Authorized Plan Administrator/Trustee Signature

Date

Participant forward to Plan Administrator/Trustee
Plan Administrator forward to Service Provider at:
FASCore, LLC
345 Madison Avenue, 7th Floor
New York, NY 10017
Phone #: 1-866-682-7567
Fax #: 1-212-878-0183
Web site: www.mtadefcomp.com