

Contribution Change Form - Deferred Compensation for Employer Use Only



Group Number: 150016		Social Security Number:	
Employer: University of Nevada Las Vegas		Department/Location:	
Plan Name: State of Nevada 457 Deferred Compensation Plan			
Participant Name: (Last, First, M.I.) Name Change? Please provide documentation			
Mailing Address: New?			
City:		State:	Zip:
Home Phone:		Work Phone:	Ext:

A. CONTRIBUTION CHANGE – BEFORE TAX CONTRIBUTIONS

Increase
Decrease
Resume
Suspend

		Employee \$		Employer \$		Total Contribution		Frequency*		Annual Contribution
From	\$	<input style="width:50px; height:20px;" type="text"/>	+	<input style="width:50px; height:20px;" type="text"/>	=	<input style="width:50px; height:20px;" type="text"/>	x	<input style="width:50px; height:20px;" type="text"/>	=	<input style="width:50px; height:20px;" type="text"/>
To	\$	<input style="width:50px; height:20px;" type="text"/>	+	<input style="width:50px; height:20px;" type="text"/>	=	<input style="width:50px; height:20px;" type="text"/>	x	<input style="width:50px; height:20px;" type="text"/>	=	<input style="width:50px; height:20px;" type="text"/>

*Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	_____

I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

Effective date: _____

IF YOU ARE UTILIZING THE PRE-RETIREMENT CATCH-UP PROVISION PLEASE COMPLETE A PRE-RETIREMENT CATCH-UP NOTIFICATION AND SUBMIT IT TO HARTFORD LIFE.

By execution of this document, the Employee authorize that any Before-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employee Signature

Date

B. EMPLOYER SIGNATURE

By execution of this document the Employer agrees that any Before-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employer Signature

Date:

Submit this Contribution Change Form to the UNLV Human Resources Office at MS 1026