SALARY DEFERRAL AGREEMENT
GOVERNMENTAL 457(b) PLAN

North Carolina Deferred Compensation Plan 88021−01

Participant Information

Last Name | First Name | MI

Address − Number & Street

City | State | Zip Code

( ) Home Phone ( ) Work Phone

Social Security Number

Department of the State

E−Mail Address

Mo Day Year Date of Birth

❑ Female ❑ Male

❑ Married ❑ 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This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee.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 $_____ (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

Required Signatures − I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form.

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#: 1−800−201−1854
Fax#: 1−919−755−3688
Web site: www.ncdefcomp.com

MKAP/91292793
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