

Arizona Western College
Participation Agreement/Deferral Election
457(b) Deferred Compensation Plan

Participant Information	<p>Employee Name _____ Social Security # or Employee # _____ Campus/Department _____</p>
New Participant Agreement <i>To be completed by new Plan participants only.</i>	Salary Reduction Per Pay \$ _____ (You must also complete an enrollment form with your selected vendor).
Contribution Rate Change <i>To be completed by existing Plan participants only.</i>	<input type="checkbox"/> Stop Contributions <input type="checkbox"/> Restart Contributions <input type="checkbox"/> Increase Contributions <input type="checkbox"/> Decrease Contributions Please indicate the current amount being deducted from your pay: \$ _____ Please indicate the new amount you wish to have deducted from your pay: \$ _____
Effective Date	This Agreement will be effective upon receipt and processing by the Employer. If you would like to choose a later date, please indicate: Date: _____
Provider for 457(b) Plan	<input type="checkbox"/> ING Service 457(b) <input type="checkbox"/> MetLife <input type="checkbox"/> Security Benefit <input type="checkbox"/> The Hartford <input type="checkbox"/> AIG
Catch-up Contribution Eligibility	<input type="checkbox"/> 457 Catch Up Provision I elect to participate in the 457 catch-up provision. I fully understand the rules of the 457 catch-up provision and have completed and attached the required "Declaration of Normal Retirement Age Form". _____ Initial. <input type="checkbox"/> AGE 50 CATCH-UP PROVISION I elect to participate in the "age 50 catch-up provision". I understand that I cannot utilize the "age 50 catch-up provision" in the same year as the "current 457 catch-up provision". _____ Initial Employee Signature: _____ A participant cannot simultaneously contribute under the 457 Special Catch-up and the Older Worker Catch-up.
Signatures	This Agreement is made between the Participant (as indicated below) and the Employer in conjunction with the Deferred Compensation Plan established and maintained by the Employer. The elections indicated above will remain effective until later changed or revoked by the Participant. I hereby elect to participate in my Employer's Deferred Compensation Plan and adopt the provisions of the Plan. I hereby acknowledge that I have received a copy of the Plan document, where applicable. I acknowledge that I am responsible for determining that the amount of compensation I defer does not exceed the limits set forth in Sections 457 and 414(v) of the Internal Revenue Code, as amended. By signing this form, I certify that the information I provided is complete and accurate.

Participant's Signature _____

Date _____

Employer Signature _____

Title _____