Lee County Schools, NC



Roth 457(b) Particip						ance pervices
☐ Check if new participant☐ Check if change to existing allocations	cations				С	ance Services
Catch-up contribution eligibility I will be age 50 or older this cale	endar year.					
Employee Information						
Name		Telepho	ne # ()_		SSN	
Mailing Address					Date of	Hire
City	_ State	Zip	Date o	of Birth	E-mail	
Employer Name			City		Sta	te
here in after amended and a copy of provided by the Plan. The hereby at the signature of the employer provided Plan. Subject to the annual contribution exchange for the prompt payment Plan. The amount of such reduction previous 457(b) participation agreagreement, if in its opinion, the total Allocation of Contribution My deferrals cannot begin soone	uthorizes on the provided that the owner of to the time that the owner of the time that the the time that the time	der company to issue the annuity contract of quirements of the 457 or deposit to a qualifith be as follows: \$ er the Plan. I hereby buld exceed the max	a annuity contractor custodial arrange (b) Plan of the Ened annuity contractor per authorize my en imum allowable l	t or custodial arrantement is designed inployer, I authorized or custodial according pay period. This inployer to reduce imit in any calend	ngement for the berd as the employer's the Employer to report as a salary recount as a salary recount as participation agor suspend any dar year.	nefit of the participant without 457 Deferred Compensation educe my cash compensation duction contribution under the preement will supercede all deferrals established by this
County Schools, NC for the exclusi my rights under the Plan. Please ind listed below will supersede all pre remaining allocated to the last account	ve benefit of participan licate ALL of the annuit evious allocations fo	nts and their beneficial ty contracts or custod or salary reduction of	ries until paid to n lial accounts to wh contributions. Allo	ne under the rules nich salary reduction ocations will be sa	of the Plan. I realize on contributions sho tisfied in the order	ould be allocated. Allocations listed below with any excess
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Date (mm/dd/yyyy)

Employer Authorized Signature (if required)