



Salary Deferral Agreement
Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan - Voluntary OBRA

98966-03

Participant Information

Form fields for participant information including Last Name, First Name, MI, Social Security Number, Address, City, State, Zip Code, Home Phone, Work Phone, E-Mail Address, Date of Birth, and marital status checkboxes.

Salary Deferral Agreement

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:

Checkboxes for Sick & Vacation Pay and Other (One-time Deferral) with a field for Specify reason.

Specify the following:

Check I elect to make a one time contribution of \$ of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan.

Payroll Effective Date: Mo Day Year

Date of Hire: Mo Day Year

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Form fields for Payroll Center Name, Payroll Center Number, Division Name, and Division Number.

Your Consent and Signature

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature

Date

Participant forward to Human Resources/Payroll Department

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