

Town of Brattleboro Retirement Plans

Salary Deferral Agreement**Step 1: Tell us about yourself**Choose the appropriate title: Mr. Mrs. Miss Ms. Dr. Other

Name: _____ SS#: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Birth date: ____ / ____ / ____ Date of hire: ____ / ____ / ____ Married Not married

Daytime phone: (____) _____ - _____ Occupation: _____

Evening phone: (____) _____ - _____ Work hours: _____

Step 2: Tell us how much of your pay you want deferred

- You choose to participate in the 457(b) Deferred Compensation Plan and agree to abide by the provisions of the plan and any amendments to it.
 - The earliest the deferrals can begin for you is the calendar month after you sign this form.
 - Tell us what amount or percentage of your salary, per pay period, in whole numbers or dollars.

Deferral per pay period: I want to contribute through salary deferrals. 401(a) after-tax contributions: _____ Amount of deferral per pay period: _____ % 457(b) pre-tax contributions: _____ Amount of deferral per pay period: _____ %

The earliest the deferrals can begin for you is the calendar month after you sign this form.

Step 3: Read these deferral statements carefully

- You state that you have received and read a copy of the Town of Brattleboro Retirement Plans.
- You direct your employer to withhold from your pay the amount or percentage indicated per pay period. Your employer shall send this amount to the provider as contributions to your Salary Deferral account until you properly notify your employer to increase, decrease or stop the amount withheld.
- This agreement applies only to the amount of pay not yet earned that you and your employer mutually agree will be deferred. It will not apply to any amounts you earn after this agreement is terminated.
- Where your employer makes a contribution on your behalf to the plan, you direct your employer to contribute such amounts to your account.

Step 4: Sign your name

By signing below, I certify that I have read, understand and agree to the terms in the sections labeled **Tell us how much of your pay you want deferred** and **Read these deferral statements carefully** on this form. The plan administrator's signature certifies that the plan administrator also agrees to the **Tell us how much of your pay you want deferred** section.

X _____ Date _____
Participant's signature

X _____ Date _____
Employer/plan administrator's signature

Return this form to: The Human Resources representative(s) for your facility

