



# Deferral Change Form

This form is used for **deferral** changes only. If you have any questions about this form, please speak with your Human Resources representative.

## SECTION I – PLAN PARTICIPANT INFORMATION

(Please Print)

Employer Name \_\_\_\_\_

Participant Name (Last, First) \_\_\_\_\_ Date of Birth \_\_\_\_\_

In accordance with the provisions of the Plan permitting participants to make salary reduction contributions (deferrals), I enter into this Salary Deferral Agreement (“Agreement”) with my employer by completing this Deferral Change Form. As a participant in the Plan, I understand the Plan permits me to defer a portion of my compensation.

## SECTION II – DEFERRAL AMOUNT

The amount I elect to defer will be withheld from my paycheck and paid by my employer into the Plan on my behalf. I understand I may elect to defer amounts to one or both of the Traditional 457(b) and Roth 457(b), or neither. I understand I may elect to defer 0%.

- Effective \_\_\_\_\_ I wish to defer \_\_\_\_\_ % or \$ \_\_\_\_\_ of my pre-tax compensation each payroll period into the 457(b).
- Effective \_\_\_\_\_ I wish to defer \_\_\_\_\_ % or \$ \_\_\_\_\_ of my after-tax compensation each payroll period as a Roth contribution into the 457(b).

**I understand any change of election regarding the deferral amount is effective only for deferrals from paychecks I receive at least four days after the Employer accepts my change of election.**

## SECTION III – ADDITIONAL INFORMATION REGARDING DEFERRALS

**Investment Elections.** Investment elections for deferrals will default to your current investment election. Changes to your investment elections, for any contribution source, can be made online at [www.gmanet.com/NewGMADCDC](http://www.gmanet.com/NewGMADCDC).

**Frequency.** This Agreement applies to compensation (e.g., to each paycheck) paid at least four days after the effective date of the Agreement.

**Maximum deferrals/catch-up.** My deferrals for any calendar year may not exceed the “402(g) limit”, unless I am age 50 or older (or will attain age 50) during the calendar year in which I defer. If I am or will attain age 50 during the calendar year, I may make additional deferrals, called “catch-up” contributions, in an amount not exceeding the applicable annual catch-up limit. For 2016, the 402(g) limit is \$18,000 and the catch-up limit is \$6,000. The 402(g) limit and catch-up limit are indexed for inflation after 2016. My deferrals, including “catch-up” contributions may not exceed 100% of my compensation.

**Effective date/term/changes.** This Agreement is effective on the date the Plan Administrator accepts it and remains in effect until I change (revoke or modify) it. I may change my Agreement only by providing to the Plan Administrator a new Salary Reduction Agreement. If I enter into a new Agreement subsequent to the date of this Agreement, the subsequent Agreement acts as a revocation of the prior Agreement, except as I specify otherwise in this Agreement.

**Investment.** My deferral account will be subject to Trust investment gain or loss in accordance with my investment direction.

**Duty to review pay records.** I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary deferral election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Deferral Agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

## SECTION IV – SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Participant’s Signature Date

<b>Employer Use Only</b>	
_____/_____/_____ Authorized Signature	_____/_____/_____ Date

In the event of a conflict between this form and Federal law or the Plan Documents, Federal law or the Plan Documents will control.