

**SALARY DEFERRAL AGREEMENT IRC SECTION 457**  
**Louisiana Public Employees Deferred Compensation Plan**  
 2237 South Acadian Thruway, Suite 702 – Baton Rouge, LA 70808  
 TELEPHONE: 800-937-7604 FAX: 225-926-4447

<b>EMPLOYER /AGENCY NAME</b>	<b>EMPLOYER ADDRESS/LOCATION</b>	<b>PLAN #/ DEPT#</b>
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	Work #:( ___ ) ___ - ___	<b>98228-01</b> /
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<b>EMPLOYEE NAME &amp; ADDRESS:</b>	<b>SOCIAL SECURITY #:</b>
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Last Name _____ First Name _____ MI _____ Address – Street & Number _____ City _____ State _____ Zip Code _____	_____ - _____ - _____ <b>ANNUAL SALARY: \$</b> _____ Home #:( ___ ) ___ - ___
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**PAY PERIODS:**  BI-WEEKLY  SEMI-MONTHLY  MONTHLY

**SELECT ONE OF THE FOLLOWING:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> New Enrollment        | <input type="checkbox"/> Increase Contributions | <input type="checkbox"/> One Time Annual Leave Pay | <input type="checkbox"/> Single Payroll Deduction |
| <input type="checkbox"/> Restart Contributions | <input type="checkbox"/> Decrease Contributions | <input type="checkbox"/> One Time Incentive Pay    | <input type="checkbox"/> Stop Contributions       |

**CONTRIBUTION ELECTION:** 2014 ANNUAL LIMIT: \$17,500 or 2014 AGE 50+ LIMIT: \$23,000

**PARTICIPANTS ARE RESPONSIBLE FOR MONITORING THEIR CONTRIBUTIONS AND LIMITS**

- Dollar Amount:**  
I hereby authorize and direct my Employer to deduct from my gross salary \$ \_\_\_\_\_ per pay period.
- Percent Amount:**  
I hereby authorize and direct my Employer to deduct from my gross salary \_\_\_\_\_ % per pay period.
- Leave Pay:**  
I wish to direct \_\_\_\_\_ hours of leave from my last paycheck. My hourly pay \$ \_\_\_\_\_.  
Final paycheck date: \_\_\_\_\_
- Incentive Pay:**  
I wish to direct \$ \_\_\_\_\_ of incentive pay to my account from my last paycheck. Final paycheck date: \_\_\_\_\_

**PAYCHECK EFFECTIVE DATE:** \*ISIS paid employees' contributions will take effect 2 full paychecks after the completed paperwork is received; all others take effect the MONTH after completed paperwork is received.

To elect a future paycheck date other than the default: \_\_\_\_\_, \_\_\_\_\_ 20\_\_\_\_  
Mo Day Yr.

**STANDARD CATCH-UP FORMS:** Contact the Baton Rouge office. [www.louisianadcp.com](http://www.louisianadcp.com)

**REQUIRED SIGNATURES:** I have reviewed, understand, and agree to the provisions as stated on the reverse side of this form. I understand and agree to monitor my contributions and annual limits to avoid over deferring.

_____ Participant Signature	_____ Date
_____ Authorized Commission Signature	_____ Date

<b>For agencies with matching contributions. (There is no match for State Agencies)</b>		
EE Contribution \$ _____	+ Employer Contribution \$ _____	= Total \$ _____