



## Kentucky Personnel Cabinet

Kentucky Deferred Compensation 501 High Street, 2<sup>nd</sup> Floor, Frankfort, KY 40601 502.573.7925 or Toll Free 800.542.2667 Fax 502.573.4494

## 457 "CATCH-UP" **ELECTION FORM**

NRM-9730KY-KY.7 (07/2023)

## kentuckydcp.ky.gov

l. II.	Check your Retiremen		] KERS [ ] KTRS	[ ] KSPRS	[ ] LEG/JUD	ICIAL [ ] CERS	
ш.	Retirement Age: Earl		articinant is still working with	a participating Ko	ntuoky Dublio Emn	Novor	
Ш	Enter full Years of Sen	Latest: Age 70.5 unless participant is still working with a participating Kentucky Public Employer Enter full Years of Service completed: & Month next full year service will be completed:					
IV	I hereby elect the following "Normal Retirement Age" ("NRA") (NOTE: To use catch-up, the "NRA" entered here						
	must be the year following the year of your retirement. Your "NRA" cannot be attained in the last calendar year entered in VI.) It is						
			n II above and will occur in t				
V.	Determination of Under-utilized Deferrals:			(A)	(B)	(C)	
•	Past Calendar			Max. Possible	<u>1=1</u>	Under-utilized	
	Years	Kentucky Pu	ıblic Gross	Deferral (w/o	Actual	Deferral	
	(After 1978)	Employer(		"Catch-Up" 3	Deferral 4	(A-B=C)	
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			TOTAL	\$	\$	Ψ	
			IOIAL	Ψ	Ψ	-  e	
- -	Current & Future Calendar Years \$	Estimated Gross Compensation (After any Pick-Up)	Maximum Possible Deferral (without Catch-Up) 3  \$	Schedu Catch-Up A		Fotal Deferral with Catch-Up (D+E=F)*	
	\$		\$	\$	\$		
				\$			
			TOTAL CATCH-UP:	Ψ			
*Ma	Eximum Deferral With 3 \( \frac{Footnotes}{1} \) Include only those years 2) Attach your W-2's. 3) 25% of Includable Comp to -2002 - \$11,000, 2003 \$17,500, 2014 - \$17,500, 2 4) Include Deferrals under reby acknowledge the inference of the information of	Year Catch-Up in 2020 is a for which your Kentucky Public Erronsation (not to exceed, for years - \$12,000, 2004 - \$13,000, 2005 - \$1015 - \$18,000, 2016 - \$18,000, 20 all eligible 457 plans and any control ormation listed in I through tion of a "Normal Retirem atch-up were allowed, and by authorize the Authority d such service does not contained in this form.	AL specified in V above) \$39,000.  Inployer has participated in the Authority's prior to 1998 - \$7,500, for 1998 through 20 \$14,000, 2006 - \$15,000, 2007 - \$15,500, 17 - \$18,000, 2018 - \$18,500, 2019 - \$19, 10 bution to a Section 403(b) or 401(k) plan 13-UP AMOUNTS PERMITTED IN THE CALEN IN V above is true and accurate, ent Age" for catch-up purposes Id I authorize the Authority to pr Staff and its agents to assist meanstitute investment advice. Be	2000 - \$8,000 for 2001 - \$8,5 2008 - \$15,500, 2009 - \$16 000, 2020 - \$19,500, 2021 - in years prior to 2002. DAR YEAR IN WHICH YOUR: and I irrevocably ele is a once-in-a-lifetir operly record my "N' ne in filling out this for y signing below, I ce	100). In years after 2001 – 1,500, 2010 - \$16,500, 2011 - \$19,500, 2022 - \$20,500, a select the "Normal Retine option, even if in RA" in my plan record at my direction. It is that I have revies	100% of Includable Compensation up - \$16,500, 2012 - \$17,000, 2013 - and \$22,500 in 2023.  The future my employer's reds in order to implement acknowledge that this is all acknowledge that this is all this all this is all	
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Name (please print)					ACCEPTED FOR THE AUTHORITY		
Address				RY		_DATE	
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State \_\_\_\_\_ Zip \_\_\_\_