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- #### V. Determination of Under-utilized Deferrals:

VI. Scheduled Deferrals for the three (3) Calendar Years Occurring prior to the year in which "NRA" occurs (as specified in IV above) are:

(May not exceed TOTAL UNDER-UTILIZED DEFERRAL specified in V above)

***Maximum Deferral With 3 Year Catch-Up in 2020 is \$39,000.**

Footnotes

1) Include only those years for which your Kentucky Public Employer has participated in the Authority's 457 plan (or another eligible 457 Plan, if earlier. Name other plan sponsor).

2) Attach your W-2's.

3) 25% of Includable Compensation (not to exceed, for years prior to 1998 - \$7,500, for 1998 through 2000 - \$8,000 for 2001 - \$8,500). In years after 2001 - 100% of Includable Compensation up to - 2002 - \$11,000, 2003 - \$12,000, 2004 - \$13,000, 2005 - \$14,000, 2006 - \$15,000, 2007 - \$15,500, 2008 - \$15,500, 2009 - \$16,500, 2010 - \$16,500, 2011 - \$16,500, 2012 - \$17,000, 2013 - \$17,500, 2014 - \$17,500, 2015 - \$18,000, 2016 - \$18,000, 2017 - \$18,000, 2018 - \$18,500, 2019 - \$19,000, 2020 - \$19,500, 2021 - \$19,500, 2022 - \$20,500, and \$22,500 in 2023.

4) Include Deferrals under all eligible 457 plans and any contribution to a Section 403(b) or 401(k) plan in years prior to 2002.

REMINDER -- NO CATCH-UP AMOUNTS PERMITTED IN THE CALENDAR YEAR IN WHICH YOUR SELECTED "NRA" OCCURS.

I hereby acknowledge the information listed in I through V above is true and accurate, and I irrevocably elect the "Normal Retirement Age" shown in IV above. I understand this election of a "Normal Retirement Age" for catch-up purposes is a once-in-a-lifetime option, even if in the future my employer's plan is different or a greater catch-up were allowed, and I authorize the Authority to properly record my "NRA" in my plan records in order to implement my catch-up provision. I hereby authorize the Authority Staff and its agents to assist me in filling out this form at my direction. I acknowledge that this is an administrative service only and such service does not constitute investment advice. By signing below, I certify that I have reviewed and approve the accuracy of the information contained in this form.

Participant Signature X Date SS# - -

Name (please print) _____

Address

City _____ State _____ Zip _____

ACCEPTED FOR THE AUTHORITY

BY _____ DATE _____

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