Grove City, OH 43123-4856





## **AGE 50 AND OVER CATCH-UP**

PERSC	DNAL DATA				
Name (Please Print)				Account Number (Preferred) OR Last 4 of SSN	
Primary A	Address			Date of Birth	
City		State	Zip	Primary Telephone Number	
Employe	r Name				
	50 AND OVER CATCH-	UP PROVISION			
year to m begin Ag contribut: You can d deferral of I understa	ake additional contributions. If you e 50 and Over Catch-Up contributions is not determined by a particip contribute an additional \$6,500 throf \$19,500. The regular and Age 50 and that by participating in the Age Salary deferrals may be made up Participation in the Age 50 and C I authorize my total maximum de Over Catch-Up amount for that y It may be necessary for me to adj years. The Plan will not make a deferral rate, I will contact my Ad I may change my salary deferral participation, I understand that I will provision may not be used c	will become age 50 during tons. Unlike the Retirement Cant's prior underutilization of ough the Age 50 and Over Catch-Up annual 50 and Over Catch-Up that: to the annual regular maximiter catch-Up will be renewed ferrals in any subsequent yearear.  ust my deferral rate to take for automatic salary deferral count Executive or the HEL cate or cancel my participation will have to complete a new concurrently with the Retirement.	the calendar year, it is not catch-Up provision, the ab of contribution limitations atch-Up in 2021. This is in limitations may increase in the provision of the day and O and the day and	ver Catch-Up contributions.  ubsequent year.  num regular deferral plus the Age 50 and  maximum deferral amounts in future sistance to determine an appropriate 8 for assistance.  Catch-Up at any time. If I cancel my p form again to participate.	
	lect one option: (Prior to your sele		rtant information below)		
	keep my current deferral percenta				
	ld like to change my current deferra	-			
	-Tax Deferral Percentage: h Deferral Percentage:		rcentages only) per pay pe rcentages only) per pay pe		
Import advanta have to If you a Compti if your Please	tant Information: Please review years of the 50+ maximum amount. A select both types of deferrals. However paid through the State Comptrocoller, please check with your payre employer allows Roth contribution	our current deferral to determ a deferral selection of 100% vever, if you do select both, to ller, please enter a deferral poll department or the HELPL s. e a third-party administrator	nine if it is necessary for y will result in your entire the total cannot exceed 100 ercentage. If your employ INE to determine whether such as OMNI who may result in the such as the	ou to adjust your deferral to take full <b>e paycheck deferring.</b> Also, you do not 9%.	
Thank yo		in the New York State Defer		f we can provide any further information	
contribut trade fee.		eement will continue until functuses carefully. Deferrals ma	rther notice by me. Some ande by participants who ar	mutual funds may impose a short-term e not New York State residents may be	
Participa	nt Signature		Date		
Return to:	New York State Deferred Compens Administrative Service Agency P.O. Box 182797	ation Plan	Overnight Address:	New York State Deferred Compensation Plan Administrative Service Agency, DSPF- F2 3400 Southpark Place, Suite A	

When faxing paperwork, please allow two hours for your form to be received. If your fax is sent after 3:00pm your paperwork will be filed on the next business day.

Columbus, OH 43218-2797

Fax to: 1-877-677-4329

OR