



To be used for deferral of sick and/or vacation pay

Participant Information

Employer Name: Monmouth County	Employer ID Number: 0038732001
Participant Name:	Participant SSN or Account #:
Mailing Address:	Date of Birth:
City, State, & Zip Code:	Phone Number:
Email Address:	

Deferral Information

Year to Date Deferrals:
Deferral Amount from Sick/Vacation Pay:

This form will only be used for one-time deferrals of accumulated sick and vacation pay and will not supersede or replace any other participation agreement covering regular deferrals. The total annual deferral amount to all 457 plans is the lesser of \$18,000 (\$24,000 with the Over Age 50 Catch Up option or \$36,000 with the special 457(b) Three-Year Catch Up option) or 100% of includible compensation. Deferrals in excess of maximum amounts are not permitted and will be considered taxable income when refunded. Contributions to other Section 457 plans may limit the maximum amount I may defer under the Plan.

Authorization

I authorize my Employer to credit my Deferred Compensation Plan by the above amount. The crediting of the deferred amount above by my Employer will be reflected in my paycheck contingent on the processing of this application in conjunction with the set-up time required by my payroll center. The above amount is to be allocated according to the most current allocations I have on file. It is my responsibility to ensure my deferrals do not exceed the annual limit.

I have read and understand each of the statements on this form. I accept these terms and understand that these statements do not cover all the details of the Plan or products.

Participant Signature:	Date:
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Please return this form to your local Payroll Office.