ICMA-RC
Building Retirement Security

457 DEFERRED COMPENSATION PLANS

CONTRIBUTION CHANGE FORM

1. Use this form to change the amount you contribute to your 457 deferred compensation plan account with ICMA-RC.
   Note: You should only use this form if you have previously established an account in your employer's plan.
2. Return the completed form to your employer.

Year(s)	Maximum Contribution	Age-50 Catch-Up	Pre-Retirement Catch-Up
2013 and 2014	$17,500 (Approximately $673 every two weeks)	$5,500 ($23,000 total)	$17,500 ($35,000 total)

1 PARTICIPANT INFORMATION

Employer Plan Number: 302032 __ __ __

Employer Plan Name: Town of Reading

Social Security Number:

__ __ __ – __ __ – __ __ __ __

Full Name of Participant:

LAST FIRST M.I.

2 CONTRIBUTION AMOUNT & EFFECTIVE DATE

Contribution Amount ***(per pay period)***

I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with ICMA-RC. (Specify a percentage or dollar amount for pre-tax and/or Roth contributions.)

❒ **Pre-Tax Contributions:** ❒ Percentage: __ __ __ % or ❒ Dollar Amount: $__ __ __ __ __ *(per pay period)*

❒ **Roth Contributions:** ❒ Percentage: __ __ __ % or ❒ Dollar Amount: $__ __ __ __ __ *(per pay period)*

Roth contributions are not available in all plans. Please check with your employer or ICMA-RC to confirm that Roth contributions are offered in your plan before selecting this option.

Normal Contribution Limit (2014): 100% of compensation or $17,500, whichever is less.

Catch-up Contributions: If you are taking advantage of either of the catch-up contribution provisions available to 457 plan participants, please check the applicable box below.

❒ Age 50 catch-up contributions (up to $5,500 more than the normal limit. $23,000 maximum.)

❒ Special pre-retirement catch-up (up to $17,500 more than the normal limit. $35,000 maximum.)
Please read ICMA-RC's *Pre-Retirement Catch-Up Form* for more information.

Effective Date

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter, unless a later date is specified below.

- Future Effective Date (cannot be earlier than the beginning of the following month): __ __ / __ __ / __ __ __ __

3 SIGNATURES

Participant Signature _____ Date: __ __ / __ __ / __ __ __ __

Employer Signature _____ Date: __ __ / __ __ / __ __ __ __

ICMA-RC • Attn: Workflow Management Team • P.O. Box 96220 • Washington, DC 20090-6220 • Toll Free 800-669-7400 • En Español 800-669-8216 • www.icmarc.org • Fax 202-682-6439