

CITY OF RICHMOND VA Enrollment and Contribution Election Form

Use this form to establish your account and /or make contributions elections for your CITY OF RICHMOND VA 457 Deferred Compensation Plan at MissionSquare Retirement.

I want to: Enroll / Start My Contributions Change My Contributions

PERSONAL INFORMATION

EMPLOYER PLAN NAME: CITY OF RICHMOND VA 303069		
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES	DATE OF BIRTH: MM/DD/YYYY	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
MAILING ADDRESS:		
STREET	CITY	STATE ZIP
MOBILE PHONE NUMBER:	EMAIL ADDRESS:	DATE OF HIRE: MM/DD/YYYY

CONTRIBUTION AMOUNT

I authorize my employer to contribute the amount specified below from my pay each pay period. Your contributions will be maintained based upon the information entered in this form. Contributions will begin as soon as administratively feasible under your plan.

Pre-tax contributions of _____% **OR** \$_____ from my pay each pay period.

Normal Contribution Limit (2024): 100% of compensation or \$23,000, whichever is less

Consider Ways to Save More:

- Age 50 catch-up contributions (up to \$7,500 more than the normal limit. \$30,500 maximum)
- 457 Pre-Retirement Catch-up –**SEE PRE-RETIREMENT CONTRIBUTION CATCH-UP FORM**

SIGNATURE

By submitting this form, you understand you are authorizing your plan sponsor to enroll you and/or update your contributions in CITY OF RICHMOND VA 457 Deferred Compensation Plan Plan at MissionSquare Retirement.

Note that upon enrollment your entire account is invested in the Plan’s default investment selection until you select your investment allocations. To see information on the default fund for CITY OF RICHMOND VA 457 Deferred Compensation Plan 303069 as well as performance and fees of available investment options go to www.missionsq.org/enroll

Employee Signature: _____ Date: _____

SUBMIT THE COMPLETED FORM TO YOUR EMPLOYER. RETAIN A COPY FOR YOUR RECORDS