Polk County Government
Deferred Compensation Retirement Program
Account Form

Personal Information

Name _____ Employee Number _____
Last First

Address _____ City _____ Zip _____

Telephone (work) _____ Telephone (home) _____

457 Payroll Deduction

Designate the per pay period deduction amount

Principal Financial Group $ _____ / per pay

Effective Date of Change _____

2012 Contribution Limits

Regular Limit	1 100% of compensation up to: **$17,000**
Age 50+ Catch-Up Limit	The total of the regular limit + missed contributions up to: **$22,500**
3-Yr Catch-Up Limit	The total of the regular limit + missed contributions up to: **$34,000**

Participant Signature

I understand that I have made the above election for the pay period indicated, and I authorize Polk County to reduce my pay accordingly. I authorize the Polk County Auditor to remit my contribution to the investment provider as instructed. This election will remain in effect until I modify or revoke the election.

_____ _____
Signature Date