MNDCP Minnesota Deferred Compensation Plan

YH

Quick Deferral Change Form

This form is for existing MNDCP participants who wish to change their contribution amount.

1. Information about you

Last name	First name	MI	Account ID or SSN (required)
Daytime phone number	Employer name (full name - no abbreviations)		

2. New deferral amount

I wish to contribute ($10 minimum) per pay period. Write "0" if you wish to stop contributing.

a) Pre-tax basis $ ☐☐☐ . 0 0 or ☐☐ . 0 %

b) Roth (after-tax) basis $ ☐☐☐ . 0 0 or ☐☐ . 0 %

Number of pay periods per year: ☐ 26 ☐ 24 ☐ 21 ☐ 12 ☐ Other _____

3. Required authorization (**Please sign below**)

Required signature

I understand that this is my authorization to change my ongoing salary deferral contribution only. The timing of this deferral change is between me and my employer's payroll center and any questions regarding timing are to be directed to my payroll center. I understand that my total annual contributions to the Deferred Compensation Plan are subject to limitations in accordance with section 457(b) of the Internal Revenue Service Code. The Annual Maximum contribution limit is up to 100% of your annual includible compensation or $23,500 in 2025; whichever is less.

Includible compensation is your gross compensation minus any mandatory pre-tax contributions to your qualified retirement plans (414(h)).

In the year in which you attain age 50, you may contributed up to the annual maximum limit of $31,000. In the year in which you attain ages 60 through 63, you may contibute up to the annual maximum limit of $34,750. I further understand that any employer contributions and annual leave deferrals are included in determining the annual maximum contribution limits.

Privacy notice

Private data requested on this form will be used by MSRS to process your request. You are not legally required to provide the data requested. However, we may not be able to process your request without sufficient information. Your private data will not be shared with an unauthorized person without written consent except as unauthorized by federal or state law or a court order.

Participant Signature _____ **Date** ____/____/____
Month Day Year

Mail or fax the completed form to:

Minnesota State Retirement System
60 Empire Drive, Suite 300
St. Paul, MN 55103-3000

Fax: 651.297-5238