



Ventura County Section 457 Plan Special Catch-up Enrollment Form

Employee ID#:	Last Name:	First Name:	Date of Birth:
Hire Date:	Years of County Service:	E-Mail Address:	Daytime Phone Number:

I hereby designate age _____, which I will attain in the year _____, as my Normal Retirement Age for the purpose of using the “Special Catch-Up” provision. I understand that:

- This age determines the three-year period during which I am eligible to make “Special Catch-Up” contributions.
- At this age, I must be eligible to receive pension benefits.

BY MY SIGNATURE BELOW, I UNDERSTAND THAT:

1. Under section 457 (b) if the Internal Revenue Code, I am eligible to participate in the Special Catch-Up (Catch-Up) if I am within the last three taxable calendar years ending prior to my elected Normal Retirement Age, and I have not contributed the maximum I was eligible to defer in prior years.
2. The Catch-Up period is the three consecutive calendar years ending prior to the calendar year in which I reach my elected normal retirement age. Therefore, I cannot participate in the Catch-Up during the year in which I reach that normal retirement age. Furthermore, I may commence Catch-Up at any time during an eligible calendar year; however, whether I start at the beginning or at the end of the year, that year counts as a full catch-up year. If I cease my Catch-Up deferrals at any time during the eligibility period, I cannot restart Catch-Up again under this Plan or any eligible section 457(b) plan.
3. The amount deferred in any of the three consecutive calendar years cannot exceed the lesser of double the normal maximum deferral limit or the maximum I am allowed according to the County payroll records (which may be less than catch-up limit based in deferral history).
4. I understand that I am responsible for setting my contribution amount, and a higher contribution amount will not automatically stop once the Catch-Up three year period is over.
5. I can only participate in Catch-Up once, whether under this Plan, or any other eligible section 457(b) plan. By my signature below, I hereby certify that I have never participated in Catch-Up under this Plan or any other eligible section 457(b) plan.
6. I understand that this election is irrevocable after I begin using the “Special Catch-Up” provision.

The Plan’s Administrator has determined, based on County payroll records, that I have not utilized the maximum deferral allowed under the County of Ventura Section 457 Plan and have further determined that the total amount that was not utilized from prior taxable years (my “Unused Balance”) is: \$ _____ .

Employee Signature

Date

Authorized Plan Administrator

Date