



Louisiana Public Employees Deferred Comp Plan 98228-01

Use black or blue ink when completing this form. For questions
Service Provider at 800-687-7000.

A Participant Information

Account extension, if applicable, identifies rollos
transferred to a beneficiary due to participant's
death, alternate payee due to divorce or a
participant's multiple accounts.

Account Extension #

Last Name First Name M.I. Daytime Phone Number

(The name provided MUST match the name on file with Service Provider.)

Alternate Phone Number

Division/ Payroll Center

I have a retirement savings account with a previous employer. Yes No
I would like to discuss my options with you. Call me at _____
P.M. (circle one - available 9 a.m. to 5 p.m.)

B Payroll Election(s)

Paycheck Contribution Election (Payroll Deduction)

Select One: Start Restart Change Stop

I elect to contribute to the Plan the following of my eligible compensation:

Before Tax Contributions \$ _____ of _____ % (do not complete both) (up to \$19,500.00 or 1% - 100%)

Roth Contributions \$ _____ of _____ % (do not complete both) (up to \$16,500.00 or 1% - 100%)

Payroll Effective Date (mm/dd/yyyy) Date of Hire

The total annual before-tax contributions cannot exceed \$19,500.00 or 1% of my eligible compensation in the 2024 calendar year.

Leave Pay/Compensation

I wish to direct all or my net-SCB hours or leave pay available from my last paycheck not to exceed the annual contribution limit.
Final paycheck date: _____ (Form must be received the month prior to your final paycheck date)

OR-

I wish to direct \$ _____ of leave pay from my last paycheck not to exceed the annual contribution limit.
Final paycheck date: _____ (Form must be received the month prior to your final paycheck date)

Catch-Up Election

Age 50 \$457 Catch-Up:
I elect to contribute to the Plan additional Age 50 Catch-Up amounts of my eligible compensation as indicated below.

Payroll Effective Date (mm/dd/yyyy)

The total before-tax Age 50 Catch-Up amount cannot exceed \$6,000.00 or my eligible compensation in the 2024 calendar year. Catch-Up may be used in a calendar year when the total before-tax contributions would exceed the annual contribution limit, and add to my total before-tax contributions for the year.

I elect to cancel my Catch-Up contribution election.

OR-

Special \$457 Catch-Up:

I elect to contribute to the Plan the Special \$457 Catch-Up in the amount indicated below.

Payroll Effective Date (mm/dd/yyyy)

The total before-tax Special \$457 Catch-Up amount cannot exceed \$10,500.00 or my eligible compensation in the 2024 calendar year. The basic contribution amount, the aggregate maximum available is \$39,000.00. I have designated my NRA year below. I must have underutilized my NRA year in the 2024 calendar year.

I have calculated the total underutilized amount I have available for Special \$457 Catch-Up using the attached Underutilized Amount Calculation tool as indicated below. The calculation tools are provided for www.dca.gov/evidence and you may consult with your tax advisor about my tax situation.

NRA Year: _____ Underutilized Amount: \$ _____

I elect to cancel my Catch-Up contribution election.

Last Name First Name MI Suffix

C Signatures and Consent (Signatures must be on the lines provided)

Participant Consent (Please sign on the Participant Signature line)

I, the undersigned, acknowledge that I have read, understand and agree that this information is true and correct.

- Until cancelled, my salary deduction will be deducted from my pay.
- I authorize the Plan Administrator to deduct my salary from my pay.
- If I am increasing my salary, I authorize the Plan Administrator to deduct my salary from my pay.
- If I am stopping my salary deduction, I authorize the Plan Administrator to stop deducting my salary from my pay.
- It is my responsibility to notify the Plan Administrator of any change in my salary and penalties that I may incur.
- My Plan Administrator may take any action necessary to enforce the terms of this agreement.
- I authorize the Plan Administrator to deduct my salary from my pay as indicated.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____

Date (Required) _____

D Mailing Instructions

Participant Signature
 Louisiana State University
 9100 Bluebonnet Centre Blvd.
 Suite 200
 Baton Rouge, LA 70803
 Fax #: 1-225-296-6832

After all signatures have been obtained, this form should be mailed to:

Sent to:	State of Louisiana
State of Louisiana	9515 F 55th St, Grand Isle, LA 70357
PO Box 133764	Grand Isle, LA 70357
Denver, CO 80217-3764	Grand Isle, LA 70357

Securities offered and/or distributed by GWFS Financial Inc. (Member FINRA). Funds are not intended to provide investment, legal or tax recommendations or advice.