



Participation Agreement / Deferral Election OASBO 457 Deferred Compensation Plan

School District Maumee City Schools	Billing Group No. VFL430
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School

Participant Name (First, Middle Initial, Last)	Social Security No.
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New Participant Agreement <i>To be completed by new Plan Participants only.</i>	Salary Reduction Per Pay % or \$ _____
	Number of Pay Periods Per Year (if \$ then multiply) x _____
	Annual Contribution % or \$ _____

Contribution Rate Change <i>To be completed by existing Plan Participants only.</i>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease
	Indicate the current amount being deducted from your Pay: % or \$ _____
	Indicate the new amount you wish to have deducted from your Pay: % or \$ _____

Effective Date	This Agreement will be effective upon receipt and processing by the Employer. If you would like to choose a later effective date, please indicate below. <div style="text-align: right;">Date: _____</div>
<i>Note that it may take several payroll cycles for your payroll office to process this agreement.</i>	

Investment Selection	The compensation deferred is to be directed to ING Life Insurance and Annuity Company.
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Catch-Up Election <i>(Select one only)</i>	<p style="text-align: center;">A. <input type="checkbox"/> Three Years Prior to Normal Retirement Age</p> <p>For purposes of using the catch up provision available for participants for the three years prior to the year of attainment of normal retirement age, I hereby elect a normal retirement age of _____ and elect to use catch up for the calendar year periods beginning January _____ and ending December _____.</p> <p>I understand that this catch-up election may be made only one time and that this catch-up is only available to the extent of any underutilized prior year deferrals.</p> <p style="text-align: center;">B. <input type="checkbox"/> Attainment of Age 50</p> <p>I have attained or will attain age 50 this year. I elect to use the catch-up provision available for participants age 50 and older.</p>
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This Agreement is made between the Participant (indicated below) and Employer in conjunction with the Deferred Compensation Plan established and maintained by the Employer. The elections indicated above will remain effective until later changed or revoked by the Participant. I hereby elect to participate in my Employer's 457 Deferred Compensation Plan and adopt the provisions of the Plan. I hereby acknowledge that I have received a copy of the Plan document, where applicable. I acknowledge that I am responsible for determining that the amount of compensation I defer does not exceed the limits set forth in Sections 457 and 414(v) of the Internal Revenue Code, as amended. By signing this form, I certify that the information I provided is complete and accurate. Please return this form to your certified OASBO representative. This form will then be forwarded to your payroll office.

Signature	Participant's Signature	Date (mm/dd/yyyy)
	Representative's Signature	Date (mm/dd/yyyy)