Polk County Government
Deferred Compensation Retirement Program
Account Form

Personal Information

Name _____ Last 4 digits of SSN xxx-xx-_____
Last First MI

Address _____ City _____ State _____

Birth Date _____ Department _____ Zip _____

Telephone (work) _____ Telephone (home) _____

457 Payroll Deduction

Designate the deduction amount to send to your provider

AXA Equitable $ _____ / per pay

ING $ _____ /per pay

Valic $ _____ / per pay

Effective Date of Change _____

2011 Contribution Limits

Regular Limit	100% of compensation up to: **$16,500**
50+ Catch-Up Limit	For participants age 50 or older, 100% of compensation up to: **$22,000**
3-Yr Catch-Up Limit	The total of the regular limit + missed contributions up to: **$33,000**

Transfers Only

☐ 100% ☐ $ _____ ☐ annual penalty-free amount

From: _____
(Name of Company)

To: ☐ AXA ☐ ING ☐ Valic

Stop contributions to _____
(Name of Company)

and send them to:

☐ AXA ☐ ING ☐ Valic

Beneficiary Designation

_____ _____ _____ ☐ primary ☐ contingent
Name of beneficiary Relationship Percentage

_____ _____ _____ ☐ primary ☐ contingent
Name of beneficiary Relationship Percentage

_____ _____ _____ ☐ primary ☐ contingent
Name of beneficiary Relationship Percentage

Participant Signature

I understand and agree to the terms and conditions of the Polk County Deferred Compensation Program. I have access to a Plan Summary and an Investment Provider Comparison. I understand that withdrawals may only be made upon termination of County employment, unless I apply and am approved for a hardship withdrawal, or eligible service credit purchase.

_____ _____
Signature Date

Agent Use Only

Designate which provider is opening a new account: ☐ AXA ☐ ING ☐ Valic

I, _____ certify that I am authorized by this provider to open accounts for Polk County Employees.

The participant has completed the provider's paperwork to establish a ☐ 457 employee contribution account and/or

☐ 401(a) employer match account.

_____
Agent Signature Agent Phone Number Date

Committee Approval: _____ _____
Signature Date