



CONTRIBUTION CHANGE FORM

DISTRICT OF COLUMBIA

457(b) PLAN — 307230

1. Use this form to change the amount you contribute to your 457 deferred compensation plan account with MissionSquare Retirement.

Note: You should only use this form if you have previously established an account in your employer's plan.

2. Return the completed form to your employer.

YEAR	MAXIMUM CONTRIBUTION	AGE-50 CATCH-UP	PRE-RETIREMENT CATCH-UP
2023	\$22,500 (Approximately \$865 every two weeks)	\$7,500 (\$30,000 total)	\$22,500 (\$45,000 total)
		<input type="checkbox"/> Please check this box for Age 50 catch-up contributions.	You must complete the Pre-Retirement Catch-Up Form to take advantage of this provision.

Employer Plan Number: **307230**

Employer Plan Name: **DC 457(b) Deferred Compensation Plan**

Identification (Please provide your Social Security Number or Employee ID):

Social Security Number: _____ — _____ — _____ **OR** Employee ID: _____

Full Name of Participant:

_____ LAST _____ FIRST _____ M.I.

2 CONTRIBUTION AMOUNT & EFFECTIVE DATE

Contribution Amount (per pay period)

I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with MissionSquare. (Specify a percentage or dollar amount for pre-tax and/or Roth contributions.)

Pre-Tax Contributions: Percentage: _____ % or Dollar Amount: \$ _____ (per pay period)

Roth Contributions: Percentage: _____ % or Dollar Amount: \$ _____ (per pay period)

Effective Date

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter, unless a later date is specified below.

• Future Effective Date (cannot be earlier than the beginning of the following month): _____ / _____ / _____

3 SIGNATURES

Participant Signature: _____

Date: _____ / _____ / _____