

### GENERAL INSTRUCTIONS

This form is used by participants who work for more than one employer participating in the Commonwealth of Virginia 457 Deferred Compensation Plan and wish to make contributions from more than one paycheck.

In order to do so, you will need to determine which employer is considered to be your primary employer. Your primary employer is your employer of record with MissionSquare Retirement. If you are unsure which employer this is, you may contact MissionSquare at 877-327-5261, Option 1 to verify. Any other employers you may have would be considered secondary.

*Example:* You are a salaried employee at a employer participating in the Commonwealth of Virginia 457 Deferred Compensation Plan but also work in a wage/adjunct position for another participating employer. Your salaried employer would be considered primary and wage/adjunct employer secondary.

*Example:* You work in a wage/adjunct position at two separate participating employers. The employer you initially enrolled in the 457 plan would be considered primary and the other secondary.

To select the deferral from the paycheck from your primary employer, you can complete this online at [varetire.org/457](http://varetire.org/457) and log into Account Access or contact Participant Services at VRS-DC-PLAN1 (877-327-5261) and select option 1.

For your secondary employer, you can use this form to select your deferral. You will then need to provide this form to the agency payroll officer for your secondary employer.

### ACTION REQUESTED

Check the box that describes the action you are authorizing your agency payroll office (secondary employer) to take relative to your deferrals to the Commonwealth of Virginia 457 Deferred Compensation Plan. This form must be received by your employer in the month prior to the month in which you want the change to be effective.

### GENERAL INFORMATION

Provide complete information as requested. If you do not know your Employee Number, contact your agency payroll office.

### PAYROLL INFORMATION

- **Effective Pay Date** is the date on which the change you requested will be reflected in your pay. The change can be effective no earlier than the first of the month following the month you submit the form, or the next available pay date if later.
- **Work Location** is where you normally report to work.
- **Current Deferral per Pay** is the amount of your 457 Plan deferral prior to the change you are requesting.
- **New Deferral per Pay** is the amount of deferral you are requesting each pay period beginning on the effective date.

**Payroll Officer Notice:** Please sign and fax the completed form to MissionSquare Retirement at 202-682-6439 after you have processed this request through your payroll system.

### STANDARD CATCH-UP OR MILITARY LEAVE

If you wish to use the 457 Standard Catch-Up or the Military Leave Make-Up provision, you must obtain the application online at [www.varetire.org/457](http://www.varetire.org/457) under Forms. You may also request the application from your employer or by calling Participant Services at VRS-DC-PLAN1 (877-327-5261).

### SIGNATURE

Participant must sign and date this form and give it to the agency payroll office for the secondary employer and not later than the month prior to the month in which the contribution will be made.

To make deferral elections for the Commonwealth of Virginia Plan from your primary employer, log into your account at [www.varetire.org/457](http://www.varetire.org/457) or call VRS-DC-PLAN1 (877-327-5261). Do NOT fill out this form. This form is only used to set-up or change contributions from your secondary employer paycheck.

**Please sign and date this form and return it to your agency's Payroll Office.**

**Payroll Officer Notice:** Please sign and fax the completed form to MissionSquare Retirement at 202-682-6439 after you have processed this request through your payroll system.

**Please note:** All contributions to a governmental 457(b) plan count towards the same annual maximum limit. This includes all contributions to the Commonwealth of Virginia 457 Deferred Compensation Plan and voluntary contributions to the Hybrid Retirement Plan, as well as contributions to any other 457(b) plan that you may be eligible to make contributions to throughout the year.

To view your annual contribution limits, visit [www.varetire.org/457](http://www.varetire.org/457), click on the Plan Info tab and select Contributions.



# PAYROLL AUTHORIZATION DUAL EMPLOYMENT FORM

## COMMONWEALTH OF VIRGINIA 457 DEFERRED COMPENSATION PLAN

For MissionSquare Retirement use only: Archive this record.

**NOTE:** This form should be submitted to your Payroll Officer for processing.

Rules governing the 457 plan state changes can be effective no sooner than the first of the month following the month in which the change is submitted or the next pay date that is administratively possible, if later.

### ACTION REQUESTED (CHECK ALL THAT APPLY)

- Increase   
  Reinstatement   
  Decrease   
  Suspend

### GENERAL INFORMATION

Social Security Number (FOR TAX-REPORTING PURPOSES) \_\_\_\_\_ Employee Number (IF APPLICABLE) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name of Participant  
 \_\_\_\_\_  
LAST FIRST M.I.

Mailing Address/Street  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

### SECONDARY PAYROLL AGENCY INFORMATION

Effective Pay Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_

Work Location \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Current Contribution per Pay Period \$ \_\_\_\_\_

New Contribution per Pay Period

- Pre-tax Contributions.** I authorize my employer to deduct \$ \_\_\_\_\_ (whole dollars only and a minimum of \$10.00 each pay date) of my compensation as before-tax contributions.
- Roth Contributions.** I authorize my employer to deduct \$ \_\_\_\_\_ (whole dollars only and a minimum of \$10.00 each pay date) of my compensation as Roth after-tax contributions.

I understand that these contributions will be withheld from my paycheck and contributed to my Commonwealth of Virginia 457 Deferred Compensation Plan. My deferral election will be effective as soon as administratively possible in the month following the submission of this form.

### SIGNATURE

Participant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Officer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Officer Name (PLEASE PRINT) \_\_\_\_\_ Email \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PAYROLL OFFICER:** FAX THIS COMPLETED FORM TO MISSIONSQUARE RETIREMENT AT 202-682-6439 AFTER YOU HAVE PROCESSED THE REQUEST THROUGH YOUR PAYROLL SYSTEM.