

Knox County Retirement & Pension Board

City-County Building, Room 371
 400 Main Street
 Knoxville, Tennessee 37902-2401
 Phone: (865) 215-2323 Fax: (865) 215-2421



457 Enrollment / Change Form

Office Use Only
Employee #: _____
Effective Date: _____

Part 1 - Employee Information

Employee Full Name:		Social Security No.:		Division: <input type="checkbox"/> County <input type="checkbox"/> Schools	
Street:		Date of Birth:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Dept.: _____
City:	State:	Zip:	Daytime Phone:		Date of Hire:

Part 2 - Contribution Information

Please tell us which mandatory retirement plan you are enrolled in: <input type="checkbox"/> Asset Accumulation Plan (Mandatory 6%) (Hired after October 1991) <input type="checkbox"/> Closed Defined Benefit Plan (Mandatory 5%) (Hired before October 1991) <input type="checkbox"/> Uniformed Officers Pension Plan (Mandatory 6%) (Hired after July 2007) <input type="checkbox"/> Not currently enrolled in a mandatory retirement plan		If you are enrolling in one of the Board Designated 457 plans or Deferred Compensation Plans, you are required to complete additional forms.
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Contribution Information:	Catch-Up Contributions:	Please select your current pay period: (School Employees Only)
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Please indicate the Plan you are enrolling in, changing or stopping. You may accomplish all changes on one form.	<input type="checkbox"/> I am age 50 or older in the current calendar year and wish to make catch up contributions. <input type="checkbox"/> I wish to make catch up contributions because I'm 3 years away from retiring. My catch up amount will be twice the annual amount.	<input type="checkbox"/> 12 (Assistants, Secretaries, etc.) (non-certified) <input type="checkbox"/> 21 (Food Service and Security) <input type="checkbox"/> 26 (Custodians and Maintenance)
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Part 3 - Voluntary Election

I hereby direct the Trustee to invest and/or stop my contributions to ONE of the 457 vendors, please indicate percentage below:

Enroll	Change	Stop	Contribution	Provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Knox County Voluntary 457 Plan
Board Designated Plan Providers				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Knoxville Teachers Federal Credit Union*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Nationwide Retirement Solutions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Security Benefit 457 Plan
Deferred Compensation Providers For Employees Not eligible For Employer Match				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Nationwide Retirement Solutions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Security Benefit 457 Plan

- Do not include your mandatory percentage in your total above.
- *Only Knox County School employees and family members are eligible to participate in the KTFCU Plan.

Part 4 - Authorization and Employee's Signature

<ul style="list-style-type: none"> ▪ I hereby authorize the Knox County Retirement & Pension Board to make the change indicated above and for my Employer to withhold from my pay in accordance with this Change Form. Deductions will begin as soon as administratively possible in the next calendar month after the completed Change Form is filed with the Retirement Office. ▪ I understand the voluntary contributions are subject to FICA and Medicare taxes and Contributions are subject to applicable IRS limits. ▪ I hereby accept responsibility to review my pay stubs and net pay to assure that my contribution election as set out in this Change Form is properly processed and to promptly notify the Retirement Office in the event of any discrepancy. This authorization will continue in effect until stopped or changed by me. ▪ If I elect to enroll in a Plan other than Knox County's 457 Plan, I <u>must</u> follow the requirements of the vendor I have chosen. ▪ If I am eligible for an Employer match, it will be contributed to the Knox County Asset Accumulation Plan subject to the terms and conditions of the Plan. 	<ul style="list-style-type: none"> ▪ If I have chosen the Knox County Voluntary 457 Plan, my beneficiary will be the same as designated for my current Asset Accumulation Plan Account. Should I elect a different 457 vendor I must name my beneficiaries for that vendor's program in accordance with the provisions of that program. <p style="text-align: center;"><u>Knox County Government Employees</u></p> <ul style="list-style-type: none"> ▪ Your enrollment / change will take place the month following the receipt of your form. ▪ If you elect to enroll in a Plan other than Knox County's 457, you are required to follow the requirements of the vendor you have chosen. <p style="text-align: center;"><u>Knox County School Employees</u></p> <ul style="list-style-type: none"> ▪ Your enrollment / change will take place the month following the receipt of your form except that changes can only be made from September 1st to June 5th for employees working on a 200-day contract. Employees working on a 221-day contract may make changes August 1st to June 5th. ▪ If you elect to enroll in a Plan other than Knox County's 457, you are also required to follow the requirements of the vendor you have chosen.
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Signature	Date
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