

STATE OF VERMONT STATE EMPLOYEE DEFERRED COMPENSATION PLAN EMPLOYEE REQUEST FOR PAYROLL DEDUCTION

I hereby request that the Department of Human Resources (DHR) withhold from my wages each pay period the amount shown below, to be credited to my benefit in the Deferred Compensation Plan. I request that such action take effect as soon as possible following my complete enrollment in the Deferred Compensation Plan and receipt of this payroll deduction request by the DHR Employee Benefits Unit and remain in effect until such time as I become ineligible or notify you in writing to cancel my deductions.

<u>IMPORTANT NOTE:</u> If you are submitting this form as a <u>New</u> Enrollee in the Deferred Compensation Program, the next step will be to access your Prudential account online to select your investments. Your account will be ready for you to access on the first Thursday after the submission of this form. Visit: www.vermont.retirepru.com

If you are an existing participant submitting this form simply to change your deduction amount, no other action is required, but you may access your online account at any time to review/change your investment selection.

This is an electronic form with fillable fields. If possible, complete online, save as a PDF, and email to dhr.benefits@vermont.gov					
EMPLOYEE NAME (Last, First, Middle Initial): If complete	ing by hand, please print clearly.	EMPLOYEE NUMBER			
EMPLOYEE SIGNATURE (click field to add digital signature):	DATE (MM/DD/YYYY):				

Please read this section carefully:

Name

Phone

Email

As an employee of the State of Vermont, you are eligible to participate in a long-term retirement investment program known as the Deferred Compensation Plan. You may elect to defer part of your wages for the purpose of contributing to a Sec. 457(b) Pension Plan as allowed by Internal Revenue Service regulations on a pre-tax or after-tax basis. Wages deferred to a Sec. 457(b) plan are not subject to either Federal or State tax withholdings, but they are subject to Social Security deductions.

As of 1/1/20: Annual contribution limit increases from \$19,000 to \$19,500 (total contributions) unless you are over 50 years of age, in which case the limit increases from \$25,00 to \$25,500. Contributions will automatically stop when the maximum is reached, and automatically restart on January 1 without a new form.

If you have any questions regarding your account or investment options, or if you would like to meet with a professional retirement counselor, please contact the Prudential representative for your local area:

Counties

Ronald "Chip" Sanville Brian Ficek Gilles Owen Susan Kibbe	(802) 274-0172 (802)222-1798 (802)622-4240 (802)391-7229	ronald.sanville@prudential. brian.ficek@prudential.com gilles.owen@prudential.con susan.kibbe@prudential.co	Cł n Oi	rleans, Essex, Caledonia, nittenden, Lamoille, Frankl range, Addison, Washingto ennington, Windham, Wind	in, Grand Isle on (except Mplr & Berlin)	
Action Requested (pl	ease check one):	□ (BEGIN)	□ (STOP)	□ (RESTART)	□ (CHANGE)	
Amount of Bi-Weekly PRE-TAX Deduction: \$ or%						
Amount of Bi-Weekly AFTER-TAX (Roth) Deduction: \$ or%						
Special Request: I anticipate separating within 30 days and request that \$ be deducted from my final pay On a Pre-tax or After-tax basis. (please circle one)						

Forms may be emailed to Employee Benefits: DHR.Benefits@vermont.gov You may also mail this form to the address below, but if already emailed, do not send a duplicate hard copy.

State of Vermont

DHR - Employee Benefits Unit

120 State Street - 5th Floor

Montpelier, VT 05620-2505