

MATANUSKA SUSITNA BOROUGH Enrollment and Contribution Election Form

Use this form to establish your account and /or make contributions elections for your MATANUSKA SUSITNA BOROUGH 457 Deferred Compensation Plan at MissionSquare Retirement.

I want to: ☐ Enroll / Start My Contributions ☐ Change My Contributions

PERSONAL INFORMATION

EMPLOYER PLAN NAME: MATANUSKA SUSITNA BOROUGH 300108		
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES	DATE OF BIRTH: MM/DD/YYYY	GENDER: ☐ FEMALE ☐ MALE ☐ OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED
MAILING ADDRESS:		
STREET	CITY	STATE ZIP
MOBILE PHONE NUMBER:	EMAIL ADDRESS:	DATE OF HIRE: MM/DD/YYYY

CONTRIBUTION AMOUNT

I authorize my employer to contribute the amount specified below from my pay each pay period. Your contributions will be maintained based upon the information entered in this form. Contributions will begin as soon as administratively feasible under your plan.

Pre-tax contributions of _____% **OR** \$_____ from my pay each pay period.

Roth contributions of _____% **OR** \$_____ from my pay each pay period.

Normal Contribution Limit (2026): 100% of compensation or \$24,500, whichever is less

Consider Ways to Save More:

- Age 50 catch-up contributions (up to \$8,000 more than the normal limit. \$32,500 maximum)
- Age 60-63 "Super Catch-Up" (if offered by your employer up to \$11,250 more than the normal limit. \$35,750 maximum)
- 457 Pre-Retirement Catch-up –**SEE PRE-RETIREMENT CONTRIBUTION CATCH-UP FORM**

SIGNATURE

By submitting this form, you understand you are authorizing your plan sponsor to enroll you and/or update your contributions in MATANUSKA SUSITNA BOROUGH 457 Deferred Compensation Plan Plan at MissionSquare Retirement.

Note that upon enrollment your entire account is invested in the Plan's default investment selection until you select your investment allocations. To see information on the default fund for MATANUSKA SUSITNA BOROUGH 457 Deferred Compensation Plan 300108 as well as performance and fees of available investment options go to www.missionsq.org/enroll

Employee Signature: _____ Date: _____

SUBMIT THE COMPLETED FORM TO YOUR EMPLOYER. RETAIN A COPY FOR YOUR RECORDS