



CHARLES COUNTY PUBLIC SCHOOLS
PAYROLL DEPARTMENT

2023 DEFERRED COMPENSATION AGREEMENT

NAME: _____ EMPID # _____

457B DEFERRED COMPENSATION PLAN

PLEASE SELECT A PROVIDER: COREBRIDGE FINANCIAL (VALIC) TIAA

2023 DEFERRAL LIMIT = \$22,500 (\$937.50 X 24 checks)

2023 'CATCH-UP' LIMIT = \$7,500 (\$312.50 x 24 checks)

REQUEST: NEW CHANGE CANCEL

BI-WEEKLY DEDUCTION AMOUNT \$ _____ or PERCENTAGE _____%

EFFECTIVE DATE OF REQUEST: _____

'CATCH-UP' CONTRIBUTIONS FOR 50 OR OVER ONLY: I certify that I am or will be age 50 or older by the end of the taxable year. Therefore, I elect to take advantage of the extended maximum contribution.

NOTE: THIS ELECTION WILL NOT EXPIRE. Your bi-weekly contribution amount or percentage will continue until a new Deferred Compensation Agreement is received or the maximum contribution limit has been deducted for the calendar year.

I hereby authorize Charles County Public Schools (CCPS) to deduct the above request(s).

Employee Signature

Date