

**CITY OF SAN JOSE DEFERRED COMPENSATION PLAN
CATCH-UP PROVISION ENROLLMENT FORM**

Name _____
 Address _____
 City, State _____
 Social Security _____
 Employee I.D.# _____

Date of Birth _____
 Date of Hire _____
 Phone Number _____
 Other Number _____
 Department _____

CATCH-UP PROVISION REQUIREMENTS

1. I understand that I can only defer amounts which **WERE NOT** deferred under plan limitations during taxable _____ years after December 31, 1978.
Initial _____
2. I understand that the amount deferred **cannot** exceed the maximum amount allowed during the current taxable year plus the maximum amount that could have been deferred for all eligible prior years. Effective January 1, 2012 the limit is \$34,000 and may continue to increase annually in increments of \$1,000 for cost of living.
Initial _____
3. I understand that the normal retirement age chosen below is **IRREVOCABLE**, and that the catch-up provision is only effected for the three years **PRIOR TO THE CALENDAR YEAR** in which I reach that normal retirement age.
Initial _____
4. I understand catch-up can only be used once. If a participant is eligible to defer \$34,000, but actually defers _____ \$17,000. The \$17,000 not deferred cannot be made up in another year.
Initial _____
5. Leave Payout- I understand that I may be eligible to defer a portion of my leave payout upon retirement.
Initial _____

ACCOUNT HISTORY

| YEAR | SALARY | (RETIREMENT) | 25% or \$7500 | ACTUAL DEDUCTION | CATCH-UP |
|-------|--------|--------------|---------------|------------------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

UNUSED DEFERRAL \$ _____

Amount currently deferred per pay period _____ \$ _____ **YEARS ELIGIBLE** _____
 I elect to contribute the following additional amount per pay period \$ _____
COMMENCING ON _____
TOTAL DEFERRED AMOUNT PER PAY PERIOD \$ _____

I HEREBY DESIGNATE AGE _____ WHICH I WILL ATTAIN IN THE YEAR _____, AS MY NORMAL RETIREMENT AGE FOR PURPOSE OF USING THE CATCH-UP PROVISION.

I understand that this election is **irrevocable** after I begin using the Catch-Up Provision.

Signature of Participant

Date

Authorized Signature of Plan Administrator/Employer

Date