

## City of San José Deferred Compensation Plan Catch-up Enrollment Form

Name:		Employee ID:	Dept.:	
Phone	Number:	Last 4 of SSN:	Date of Birth:	
		JP PROVISION REQUIREI d ACKNOWLEDGEMENTS	_	
1.	I understand that I can only de plan limitations during taxable			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, 2024 the limit is \$46,000. Init			
3.	I understand that the normal retirement age chosen below is irrevocable, and that the catch-up provision is <b>only effective for the three years</b> 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 \$46,000, but actually defers \$23,000, the \$23,000 not deferred cannot be made up in another year.			Initial
5.	I understand that I may be eligible to defer a portion of my leave payout upon retirement and I must complete and submit the <u>Leave Payout Deferral Form</u> <b>prior</b> to my retirement/separation date.			Initial
6.	I understand that I am respon amount directly with Voya Fin- contribution to take full advanta	ancial and I may need to inc	crease my	Initial
Unus	ed Deferral*: \$	Years Eligible for 0	Catch Up:	
*Amount calculated by Deferred Comp Staff based on amount of unused deferral each year of employment with the City				
retiren	by designate (age), whi nent age for the purpose of us vocable after I begin using the	sing the catch-up provisio	(year), as my n. I also understand	normal this electior
Signat	ture		Date	<del></del>
Autho	rized Signature of Plan Admir	nistrator/Employer	Date	