

**MULTNOMAH COUNTY, OREGON
DEFERRED COMPENSATION PLAN
REQUEST FOR "CATCH-UP"**

Participant _____ Soc. Sec. No. _____

Address _____ Home Phone _____

_____ Work Phone _____

City State Zip Code

Birth Date _____

Carrier Name _____

I hereby request to exercise the catch-up provision, (Article II, Section 2.04, (subsection (b))).

I hereby designate my Normal Retirement Age to be _____. I will attain my normal retirement age in calendar year _____. I understand that I may be eligible for catch-up during the three consecutive calendar years prior to, but not including, the year I attain my Normal Retirement Age, _____, _____, _____.

I understand that I must contribute the minimum amount for the catch-up provision for three consecutive years or I will forfeit my catch-up option if I don't contribute the minimum amount for each of the 3 years indicated above.

I understand that Catch-up can only be elected during the three years (consecutive) prior to, but not including, the year I attain my Normal Retirement Age, as defined by the 457(b) plan. If I do actually retire in the year I attain my Normal Retirement Age in which I have participated in the catch-up provision, I understand that any deferrals in excess of the normal (non-catch up) annual maximum allowable by the Internal Revenue Code in the year I retire will be refunded to me and taxes will be withheld.

I further understand that according to IRS regulations (Section 1.457-2(i)), payout of my account must commence no earlier than 30 days after attainment of normal retirement age resulting in separation from service with Multnomah County and no later than 90 days after the close of the Plan year in which normal retirement age of 70 ½ is attained.

Participant Signature

Multnomah County Authorized Signature

Date _____

Date _____

PLEASE RETURN COMPLETED FORM BY ONE OF THE OPTIONS LISTED BELOW:

Inter-office	Mail	Fax
503 / 400 / PDT	Multnomah County Deferred Comp 501 SE Hawthorne Blvd Ste 400 Portland OR 97214-3501	503 988 6939 or X86939