

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
hereby request to exerci	se the catch-up	provision, (Arti	icle II, Section 2.04, (subsection (b)).
calendar year	I understan	d that I may b	I will attain my normal retirement age in be eligible for catch-up during the three consecutive ar I attain my Normal Retirement Age,,
			ount for the catch-up provision for three consecutive tribute the minimum amount for each of the 3 years
the year I attain my Norr attain my Normal Retiren	mal Retirement nent Age in whic normal (non-ca	Age, as defined ch I have partic atch up) annual	ne three years (consecutive) prior to, but not including, if by the 457(b) plan. If I do actually retire in the year I ipated in the catch-up provision, I understand that any I maximum allowable by the Internal Revenue Code in withheld.
commence no earlier tha	an 30 days afte County and no	r attainment o later than 90 (ns (Section 1.457-2(i)), payout of my account must f normal retirement age resulting in separation from days after the close of the Plan year in which normal
			Date
Par	ticipant Signatu	re	
<u>-</u>			Date
Multnoma	h County Autho	rized Signature	

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

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