

# 457 Deferred Compensation Agreement

First Financial Administrators, Inc.



## PART 1: EMPLOYEE INFORMATION (Please Print)

FIRST NAME	MI	LAST NAME	SSN
ADDRESS <small>(PO Box Unacceptable)</small>		CITY	STATE ZIP
DOB	DRIVERS LICENSE NUMBER	HOME PHONE	WORK PHONE
EMPLOYER <small>(List Full Name)</small>	HIRE DATE	ANNUAL SALARY	NUMBER OF PAY PERIODS <small>(Per Year - Check One)</small> <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> Other _____

EMPLOYEE EMAIL ADDRESS: \_\_\_\_\_

## PART 2: SALARY REDUCTION PROGRAM INSTRUCTIONS

<input type="checkbox"/> NEW/RESUME <input type="checkbox"/> CHANGE EXISTING <input type="checkbox"/> STOP CONTRIBUTION <input type="checkbox"/> BENEFICIARY CHANGE ONLY <input type="checkbox"/> UNFORSEEN EMERGENCY- <small>Must Cease For 6 Months</small>	<input type="checkbox"/> 457(b) <input type="checkbox"/> 457 Catch Up	PROVIDER COMPANY NAME
	START DATE: _____ or <input type="checkbox"/> NEXT PAY PERIOD	
	MONTHLY REDUCTION AMOUNT \$	PER PAY PERIOD AMOUNT \$

## PART 3: BENEFICIARY INFORMATION

PRIMARY	RELATIONSHIP	DOB
CONTINGENT	RELATIONSHIP	DOB

## PART 4: DISCLOSURE STATEMENT

DEFERRED COMPENSATION IRC SECTION 457 OF THE REVENUE ACT OF 1978, AS AMENDED BY THE H.R. 1836. EGTRRA 2001:  
*Withdrawals of an individual's deferred compensation contributions and earnings are only permitted under certain conditions listed below:*

### QUALIFICATIONS

- Retirement,
- Disability,
- Severance from employment,
- Death,
- Approved unforeseen emergency due to hardship, or
- Age 70 ½.

### PAYOUT OPTIONS

- Lump sum,
- Installments paid over a selected period,
- Installments paid over a lifetime or joint lifetimes,
- Deferral of distribution (not to exceed age 70 ½), or
- Portability.

## PART 5: AGREEMENT

- The Participant agrees to participate under the Plan and thereby defers the amounts described above except that the amount deferred hereunder shall not exceed the lesser of the Section 457 dollar limit or 100% of the Participant's includable compensation or such other sum as is permissible pursuant to the provisions of Section 457 of the Code in any calendar year.
- All amounts deferred pursuant to the provisions of paragraph 1 hereof shall not be paid to the Participant but shall be contributed by the Employer to the Plan for credit to the account of the Participant as described in the Plan. Notwithstanding any other provision of the Plan, all contributions to this Plan, including any annuity contract held to fund the Plan, and all accumulations thereon, shall be held for the exclusive benefit of the Participant and his/her beneficiaries under the Plan. I further understand that a taxable event may occur at the time ownership of the contract is transferred to me or upon payment of the death benefit.
- I acknowledge I have read the qualifications for a distribution on my 457 Deferred Compensation account. With the exception of certain payout options or death benefits, contingent deferred sales charge may apply to an annuity withdrawal or transfer. Consult the prospectus or the contract for details.

**Although First Financial may collect information, review your profile and provide descriptive information about your employer's retirement plan, we do not make recommendations. You are responsible for choosing your investments. I acknowledge I have received Form CRS.**

## PART 6: SIGNATURE (REQUIRED)

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

AGENT NAME (Please Print): \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_