

Payroll Contribution Form

Name _____ Employee ID# _____

Agency _____ Daytime Phone _____

☐ **Change Paycheck Deduction**
Increase, Decrease, Discontinue☐ **New Paycheck Deduction **STOP HERE!!****
**You must complete an EZ Enrollment form OR Enroll
Online with Voya Financial® at nevada.beready2retire.com

Please initial here if you enrolled online _____

EMPLOYER: ☐ State of Nevada ☐ Political Subdivision (City, County, Non-State)**PAYCHECK DEDUCTION AMOUNT:**I authorize my Employer to deduct the following amount(s) **per pay period** from my salary to NDC:

(Minimum \$35.00 per pay period or \$70.00 per month)

Pre-Tax (Regular) _____

Post-Tax (Roth) _____

**If you wish to cancel/suspend current payroll deduction, please put a 0 (zero) on the deduction line(s). This form will supersede any previous forms on file.****CHECK BOX IF APPLICABLE*:**☐ **Age 50+ Catch-Up:** Date of Birth ____/____/____
You must reach age 50 by the end of the calendar year you are electing to use this catch-up provision.☐ **Special 457(b) Catch-Up Election**
You must include a copy of the investment provider calculation sheet submitted to the recordkeeper to ensure eligibility.

*Please note that you cannot use both the Age 50+ and the Special Catch-up provision at the same time. You need to choose the option most beneficial to you.

EFFECTIVE DATE:

This agreement will be effective the first administratively possible payroll period following the date this form is received and processed by the payroll department.

Signature _____ Date _____

Please send the completed form to NDC
Fax: 775.684.3399
Email: deferredcomp@defcomp.nv.gov

NDC Plan Information Line: (855) GO-RET-NV (467-3868)