



Defined Contribution Election Form (Defined Contribution Plan 4 or Hybrid Plan 5/6)

After you have completed and signed this form, please fax to (313) 293-3450 or mail to 28 West Adams, Suite 1900 Detroit, MI 48226.

Information About You

			XXX - XX -
Full Name (first, middle, last)			Last Four of Social Security Number
			() -
Employee ID Number	Department	Email Address	Daytime Phone Number

Voluntary Non-Matching Contributions

- ☐ I am requesting to make voluntary, non-matching contributions to either Defined Contribution Plan 4, Hybrid Plan 5 or Hybrid Plan 6 of \$_____ flat dollar amount of my bi-weekly retirement eligible wages.
- ☐ The voluntary, non-matching contribution is an after-tax contribution which investment earnings are taxed as ordinary income at the time of withdrawal. Alternatively, WCERS offers a Roth 457 option which is an after-tax contribution where all investment earnings are tax free upon withdrawal after 5 years and age 59 1/2. This Roth after-tax option is only available in the Wayne County Deferred Compensation Plan, requiring a separate election in that plan. I understand the taxable implications of selecting the voluntary non-matching contribution and would still like to contribute to the voluntary non-matching contribution component of the Plan.
- ☐ I am requesting to stop voluntary, non-matching contributions to Defined Contribution Plan 4, Hybrid Plan 5 or Hybrid Plan 6.

Authorization

I certify that the information above is accurate and complete. I authorize Wayne County Employees' Retirement System to process my Defined Contribution request according to the instructions above.

Your Signature

Date Signed

Office Use Only

Processed By_____

Remarks_____Effective Date_____

Completion Date_____