

457 MAXIMUMS FOR 2024 ARE:

\$23,000 if you are age 49 or under

\$23,500 if you turn age 50 or over in 2024

\$46,000 if you are using the Catch-Up Provision

\$23,000 over 26 paychecks =
\$884.61 per check

\$30,500 / 26 = \$1,173.07

\$46,000 / 26 = \$1,769.23

** Example is for illustrative purposes only, not intended to represent an actual account.*

A small increase per year into your MissionSquare 457 Plan may make a significant difference in your account value by the time you retire.*

You are also able to transfer already established retirement accounts (401k's, 403b's and Traditional IRA's) into your 457 Plan.

Distribution rules once you separate from service are also now much more flexible than in the past.

Questions??? Contact your MissionSquare Representative:

Danka Durkiewicz - Retirement Plans Specialist
202-759-7159 or DDurkiewicz@missionsq.org

To increase your present 457 payroll deduction only,
Please complete the other side/Simplified Employee Change Form
and return it to **HR/Payroll**
Address, Asset Allocation*, Fund Transfers*, and other changes can
be made by calling Participant Services (1-800 / 669-7400)

* Internet Users can make these changes online at www.icmarc.org



457 Deferred Compensation Plan
Simplified Employee Change Form

For Change in Amount of Deferral Only

Employer Plan Number

Table with 6 cells containing the number 306689

Employer Name

Fox River Water Reclamation District

Social Security Number

Table for Social Security Number with X marks in the first six positions

Full Name of Participant

Grid for entering Full Name of Participant

Last

First

I authorize FRWRD to defer:

\$ _____ or _____ % from my pay per pay period.

- I am 49 years of age or younger this year (maximum deduction of \$23,000 in 2024).
I am 50 years of age or older this year (maximum deduction of \$30,500 in 2024). My date of birth is: ___/___/___.
I am using the Normal/3 year Catch-up Provision (maximum deduction of \$46,000 in 2024)

Change to be effective: ___/___/___.

x

Participant Signature

Date

Please return this completed form directly to HR/Payroll.