

**Contribution Remittance Form  
457 Plan**



**PLAN NAME HERE**

**100XXXX-CR**

**Participant Information**

Last Name		First Name		MI	Social Security Number					
Home Address – Number & Street					E-Mail Address					
City		State		Zip Code		Mo	Day	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male
( )		( )							<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried
Home Phone				Work Phone				Date of Birth		

**Payroll Information**

*The compensation paid to me each pay period will be reduced by the amount or percent on my Salary Reduction Agreement with my Employer and will be contributed to the Plan on my behalf as indicated below. If my Employer has elected to have me use this form to make a Salary Reduction Agreement, I hereby authorize my Employer to reduce my compensation by the amounts shown below on and after the Payroll Effective Date and to contribute such amounts to the Plan on my behalf, and by remitting the amount elected below, my Employer agrees to reduce my compensation and contribute such amounts to the Plan on my behalf in accordance with this Salary Reduction Agreement.*

**Before-Tax** - The total amount that you may contribute to all plans each year is \$1.00 - \$19,000.00 of your annual compensation. The amount that you may contribute is not to exceed the annual maximum contribution allowable under Internal Revenue Code (“Code”) and applicable regulations and is subject to the provisions of your Plan.

\$ \_\_\_\_\_ or % \_\_\_\_\_ (per pay period) of my compensation as before-tax contributions. I understand that these contributions will be withheld from my paycheck and contributed by the employer to the Plan on my behalf for allocation to my before-tax account.

**Roth** - The total amount that you may contribute to all plans each year is \$1.00 - \$19,000.00 of your annual compensation. The amount that you may contribute is not to exceed the annual maximum contribution allowable under the Code and applicable regulations and/or the provisions of your Plan.

\$ \_\_\_\_\_ or % \_\_\_\_\_ (per pay period) of my compensation after-tax as designated Roth contributions. I understand that these contributions will be withheld from my paycheck and contributed by the employer to the Plan on my behalf for allocation to my Roth account.

Note: The total of your annual before-tax and Roth deferrals cannot exceed \$19,000.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount).

Catch-up Note: If you are making the maximum contributions allowable, are eligible to make additional contributions and wish to do so, please use the “Application for Catch-up Contributions”

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

Date of Hire: \_\_\_\_\_  
Mo Day Year

**Investment Provider Information**

<u>Investment Provider Name</u>	<u>Provider Code</u>	
MetLife Mutual Funds and Annuities .....	XXXXX	_____ %
Brighthouse Life Insurance Company (BLIC) .....	XXXXX	_____ %
MetLife Variable Annuities (MLIC) .....	XXXXX	_____ %
American United Life .....	XXXXX	_____ %
Kemper .....	XXXXX	_____ %
Transamerica (Life Insurance) .....	XXXXX	_____ %
United of Omaha .....	XXXXX	_____ %
Other Carrier ( _____ ) .....	XXXXX	_____ %

**MUST INDICATE WHOLE PERCENTAGES**

= 100 %

\*If electing any of the above providers for the first time, you will need to complete an enrollment form with each provider(s).

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**Available Investment Options** - For information regarding the available investment options for the Investment Providers, please contact the Investment Provider.

**Incomplete Forms** - I understand that if this form is incomplete or is not received at the address below prior to the receipt of any deposits, all monies received may be returned to my employer pending a completed form.

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**Required Signatures** - I have completed, understand and agree to the terms of this form and authorize the payroll deduction as indicated in the Salary Reduction Agreement in this form.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Registered Representative

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registered Representative

\_\_\_\_\_  
**MetLife Rep Use Only:** DISTRICT AGENCY INDEX #

**Mail Address**

GreatGASB Group  
2145 Ford Parkway  
Suite 200  
St. Paul, MN 55116  
**Phone #:** 1-888-695-2650  
**Fax #:** 651-695-2651  
**Web site:** www.greatGASB.com

**MetLife Mutual Funds and Annuities** include Mutual Fund Select Portfolios (MFSP), ExpertSelect, Strategic Value Annuity (SVA) and Gold Track Select (GTS). SVA and GTS are issued by MetLife Insurance Company USA (MICU), 1300 Hall Boulevard, Bloomfield, CT 06002. All annuity products distributed by MetLife Investors Distribution Company (MLIDC) (member FINRA) 5 Park Plaza, Suite, 1900, Irvine, CA 92614. Securities, including variable products, offered through MetLife Securities, Inc. (MSI) (member FINRA/SIPC), 200 Park Avenue, New York, NY 10166. MICU, MLIDC and MSI are MetLife companies.

**MetLife Variable Annuities (MICU)** includes Gold Track Select (GTS), Universal Annuity (UA), T-Flex, Universal Select Annuity (USA), Group Choice and MetLife Retirement Accounts (MRA). Annuities issued by MetLife Insurance Company USA (MICU), 1300 Hall Boulevard, Bloomfield, CT 06002. All products distributed by MetLife Investors Distribution Company (MLIDC) (member FINRA) 5 Park Plaza, Suite, 1900, Irvine, CA 92614. Securities, including variable products, offered through MetLife Securities, Inc. (MSI) (member FINRA/SIPC), 200 Park Avenue, New York, NY 10166. MICU, MLIDC and MSI are MetLife companies.

**MetLife Variable Annuities (MLIC)** includes MetLife Financial Freedom Select (MFFS), Enhanced Preference Plus Account (EPPA), Financial Freedom Account (FFA), MetLife Investors-SFG, and Preference Plus Account (PPA). Annuities issued by Metropolitan Life Insurance Company (MLIC) 200 Park Avenue, New York, NY 10166 and MetLife Investors USA Insurance Company (MLI-USA), 5 Park Plaza, Suite 1900, Irvine, CA 92614. All products distributed by MetLife Investors Distribution Company (MLIDC) (member FINRA) 5 Park Plaza, Suite, 1900, Irvine, CA 92614. Securities, including variable products, offered through MetLife Securities, Inc. (MSI) (member FINRA/SIPC), 200 Park Avenue, New York, NY 10166. Securities, including variable products, offered through MetLife Securities, Inc. (MSI) (member FINRA/SIPC), 200 Park Avenue, New York, NY 10166. MLIC, MLIDC, MLI-USA and MSI are MetLife companies.