

**DEFERRED COMPENSATION
CATCH-UP PROVISION**

PLAN NAME Stanislaus County

PARTICIPANT NAME _____

EMPLOYMENT DATE _____

CATCH-UP YEARS SELECTED: 20 ____, 20 ____, 20 ____.

1. I understand that under I.R.S. Code Section 457 I may contribute more than the maximum limitation allowed for the current plan year, if I have reached normal retirement age or am within three (3) years of normal retirement.
2. I understand that I can only defer amounts, which were not deferred under plan limitations during taxable years that the plan was available to me for taxable years beginning after December 31, 1978.
3. I understand that the amount deferred cannot exceed the lesser of the maximum amount allowed during the current taxable plan year, plus the maximum amount that could have been deferred for all eligible prior years.
4. I further understand that the catch-up period can be utilized only once and must be utilized within a three, (3) consecutive taxable year period. The catch-up cannot be used in the year of retirement, as it is not a full taxable year.
5. I understand that if after utilizing the catch-up period, and I do not retire, it is my responsibility to adjust my ongoing contributions to the maximum limitation allowed for the current plan year. Otherwise, it may be necessary for me to amend my tax return for those years, which I over contributed.
6. Finally, I understand that I must begin receiving a distribution within sixty (60) days following the end of the plan year in which separation from service occurs.

Signature of Participant

Date