



Nevada Public Employees' Deferred Compensation Program
Payroll Deduction/Change Request

Name _____ SSN _____

Employer _____ Dept./Location _____

Work Telephone _____ Home Telephone _____

[] New Paycheck Deduction [] Change Paycheck Deduction

Paycheck Deduction Amount:

I authorize my Employer to defer \$ _____ per pay period to ING from my salary on a pre-tax basis.

Please note: The minimum contribution amount per pay period is \$12.50.

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

*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.

Cancellation Request:

[] I wish to cancel/suspend my current payroll deduction.

Effective Date* _____

*Please indicate the effective date of the agreement. If a date is not selected, this agreement will be effective upon receipt and processing of your payroll office.

I hereby agree to defer my right to receive compensation to the extent of the amount noted above. I understand that the elections indicated above will remain effective until later changed or revoked by me (unless I exceed the maximum contribution limits allowed by the Internal Revenue code). I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan.

Signature _____ Date _____

PLEASE RETURN COMPLETED FORM TO:

ING Financial Advisers, LLC
844 West Nye Lane, Suite 101
Carson City, NV 89703

If you have questions please call 1.866.ING.NVDC (464-6832)
or 775.886.2400
FAX: 775.882.9758