



This form is for existing participants who wish to change their MNDCP contribution amount. If you are new to MNDCP, you must complete the MNDCP Enrollment Form.

PARTICIPANT INFORMATION (Please print)

Name (last, first, MI)	MNDCP Account ID or Social Security Number	Daytime Phone
Employer Name	Employee ID (for State employees only)	

NEW DEFERRAL AMOUNT

I wish to contribute per pay period:
(Write "0" if you wish to stop contributing.)

\$ _____ (\$10 minimum) per pay period on a **pre-tax** basis.

\$ _____ (\$10 minimum) per pay period on a **Roth after-tax** basis.

NOTE: Not all employers allow Roth contributions. Please check with your employer.

Form Return Instructions

By Mail:
Minnesota State Retirement System
60 Empire Drive, Suite 300
St. Paul, MN 55103

By Fax:
651-297-5238



REQUIRED SIGNATURE

I understand that this is my authorization to change my ongoing salary deferral contribution only. The timing of this deferral change is between me and my employer's payroll center and any questions regarding timing are to be directed to my payroll center.

I understand that my total annual contributions to the Deferred Compensation Plan are subject to limitations in accordance with section 457(b) of the Internal Revenue Service Code. The Annual Maximum is up to 100% of your annual includible compensation or \$19,500 in 2021; whichever is less. Includible compensation is your gross compensation minus any mandatory pre-tax contributions to your qualified retirement plans (414(h)). In the year in which a participant attains age 50, an additional \$6,500 can be made to the MNDCP for an annual maximum total of \$26,500. The age 50 contribution cannot be used at the same time as the Catch-Up Provision, which is detailed in number. Note that any employer contributions and annual leave deferrals are included in determining the annual maximum.

PARTICIPANT SIGNATURE

DATE

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