

# Pre-Retirement Catch-up Notification - 457(b)

Mail Address:  
MassMutual Retirement Services  
PO Box 1583  
Hartford, CT 06144-1583

Overnight Mail Address:  
MassMutual Retirement Services  
1 Griffin Road North  
Windsor, CT 06095-1512

Fax to:  
877-526-2531 or  
800-678-8645

Group Number:	Participant Number:	Social Security Number:
Employer:		Department /Location
Plan:		

Participant Name: (Last, First, M.I.)  
 Name Change? Please provide documentation

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 New?

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

## A. PRE-RETIREMENT CATCH-UP NOTIFICATION

Normal Retirement Age (as defined in the Plan document): \_\_\_\_\_

Three consecutive year Pre-Retirement Catch-up Period: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (ends with calendar year preceding calendar year in which you will attain Normal Retirement Age.)

Total Pre-Retirement Catch-Up Amount: \$ \_\_\_\_\_.

In accordance with the terms of the Plan and my Employer's established policies and procedures, my normal retirement age is as stated above. For the Pre-Retirement Catch-Up Period stated above, I am eligible to defer additional amounts in accordance with and subject to the pre-retirement catch-up rule set forth in the Plan and at Internal Revenue Code Section 457(b)(3). In accordance with this rule, during this period, I am eligible to defer, in total, the lesser of the amount stated above or the limits imposed under Internal Revenue Code Section 457(b)(3). The amount stated above represents the amount of previously underutilized limitations determined under the Plan.

\_\_\_\_\_  
Employee Signature Date

## B. EMPLOYER SIGNATURE

We the undersigned understand and agree that the Participant is eligible to make deferrals to the Plan in excess of the standard limit imposed under Internal Revenue Code Section 457(b)(2)(A) up to the limit imposed by Section 457(b)(3) for the Pre-Retirement Catch-Up Period set forth above.

\_\_\_\_\_  
Employer Date

### Instructions:

- 1. Submit the completed Notification to MassMutual at the address above.**
- 2. Provide a copy to your Employer and complete a salary deferral agreement.**
- 3. Keep a copy for your records.**

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