## Retirement Plan Catch Up Contribution Election Form



**Principal Life Insurance Company** 

Des Moines, IA 50392-2310 1-866-524-MYHR (6947) www.principal.com A member of the Principal Financial Group®

Employee Signature

Plan Sponsor Information		
Client Name		Contract No./Plan I.D. No.
		I
Participant Information		
Participant Name		
Location	Social Security Number	Date of Birth
Deferral Agreement		
paycheck. This agreement applies to	amounts earned until changed by me i quired to meet certain plan limits or regu	a portion of my current and future salary from my n writing. I understand that the plan sponsor may lations. I further understand that my total catch-up
Deferral Amount		
My election is for:		
\$ per pay period		
or		
☐ The maximum catch up elective deferral contribution divided equally among pay periods.		
I would like catch up elective deferral contributions to begin with my paycheck of/		
☐ I choose not to make a catch-up el	ective deferral contribution at this time.	
Eligibility		
	atch up elective deferral contribution, I m	nust:
1. Turn age 50 or older this year, and	,	
2. Maximize my elective deferral contributions for the year by meeting one of the following limits:		
Maximum elective deferral cor		
Authorization and Certificat	ion	
If I elect catch-up elective deferral contributions for the year and do not maximize my regular elective deferral contributions, then my catch-up elective deferral contributions will be considered regular elective deferral contributions. I understand my elective deferral catch-up contributions will be invested according to my current elective deferral investment direction.		

PG3612-21 11/2016

Date