

Quick Enrollment



North Carolina
Total Retirement Plans
457



Folwell CPA
DALE R. FOLWELL, CPA

NC 457 PLAN

525334-02

Participant Information

Yes! I would like to enroll in the NC 457 Plan and voluntarily contribute:

Last Name	First Name	MI	Social Security Number
<i>(The name provided MUST match the name on file with Service Provider.)</i>			
Address - Number & Street			E-Mail Address
City	State	Zip code	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Unspecified
()	()	()	
Home Phone	Work Phone	Mobile Phone	
Mo Day Year			
Date of Birth			

Select only one:

I am enrolling in the NC 457 and I have not previously enrolled in the NC 457 Plan account through a former employer and I work for:

Required: Name of Employer (no acronyms allowed)

OR

I am enrolling in the NC 457 and I have an existing NC 457 account through a former employer:

Required: Name of Former Employer (no acronyms allowed)

and I now work for:

Required: Name of Employer (no acronyms allowed)

Payroll Deduction:

- I elect to contribute \$ _____ or _____% (\$1.00 - \$23,000.00 or 1% - 80%) per pay period of my compensations as before-tax contributions to the NC 457 Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ or _____% (\$1.00 - \$23,000.00 or 1% - 80%) per pay period of my compensations as designated Roth contribution to the NC 457 Plan until such time as I revoke or amend my election.

Mo Day Year
Date of Hire

Payroll Frequency (Required) _____

