



## **2017 403 Maximum Allowable Contribution Worksheet**

### **Participant Instructions**

The 2017 Maximum Allowable Contribution Worksheet is to be used to determine the maximum dollar amount that you may contribute to the 403(b) and/or Roth 403(b) Programs in 2017.

Upon completion, please submit the original form to your district payroll office. Please also fax a copy of this form to (800) 597-8206. Please note that this form is not valid unless all applicable sections are completed and you have signed the form.

### **Completed forms should be faxed to National Benefit Services at 1-800-597-8206**

**If you have questions or want to check the status of the form, please contact National Benefit Services at 1-800-274-0503 ext. 5.**

# 2017 Maximum Allowable Contribution Worksheet

## 403(b) Maximum Contribution Worksheet



### 1 Participant Information

Participant Name		Participant Email Address	
Participant Mailing Address, City, State, Zip Code		Employer Name	Employer State
Personal Phone Number	Work Phone Number	Date of Birth	Social Security Number
Financial Advisor/Agent Name		Financial Advisor/Agent Phone Number	

### 2 403(b) and Roth 403(b) Calculation

1. 2017 base deferral limit	1. \$18,000
2. Special 15-Year Catch-up Contribution (if permitted by your employer)	
a. Have you completed 15 or more full years of service with your current employer? • If NO, enter \$0 in line 2i and proceed to question 3. If YES, continue to the next question.	2a. <input type="checkbox"/> Yes <input type="checkbox"/> No
b. How many full years of service have you completed? • Enter this number on 2b	2b. _____
c. What is the total dollar amount of deferrals for the years completed on line 2b? • Enter this amount on 2c	2c. _____
d. Divide 2c by 2b. This is your average contribution rate. • Enter this value into 2d	2d. _____
e. Subtract line 2d from \$5,000. • Enter this value into 2e ❖ If this value is less than \$0.00, skip to 2i. You are not eligible for this catch up.	2e. _____
f. Multiply the value in 2e by the number of full years of service (2b).	2f. _____
g. Enter the lesser of 2f or \$15,000 into line 2g.	2g. _____
h. Enter the amount of previously utilized 15 year catch-up deferrals into 2h.	2h. _____
i. Subtract 2h from \$15,000 enter this into 2i.	2i. _____
j. Enter the lesser of 2g and 2i into 2j. • This is the amount that you are eligible for as a lifetime maximum.	2j. _____
k. Enter the lesser of 2j and \$3,000 into 2k. • This is the amount you are eligible for this year.	2k. _____
3. Age 50 Catch-up Contribution	
a. Will you reach Age 50 by 12/13/2017?	3a. <input type="checkbox"/> Yes <input type="checkbox"/> No
b. If 3a is YES, enter \$6,000 in line 3b. If 3a is NO, enter \$0 in line 3b.	3b. _____
4. Add lines 1, 2k, and 3b. This is your Maximum 403(b) & Roth 403(b) Contribution Amount for 2017. This number cannot exceed \$27,000.	4. <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>
5. Enter the total of any contributions already made to 403(b) plans during 2017.	5. _____
6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 403(b) plans during 2017.	6. _____

### 3 Employee Approval

**IMPORTANT:** You may rely on the accuracy of this Worksheet if the information you provide is correct and complete. Neither your Employer, nor National Benefit Services, LLC, possess data for purposes of calculating the 403(b) Special 15-Year Catch-up Contribution. By signing this Worksheet, you certify that all information provided is accurate and you agree to indemnify and hold harmless your Employer and National Benefit Services, LLC, from any and all damages which may result from providing inaccurate or incomplete information. You understand and agree that your total annual contributions to the combined 403(b) and Roth 403(b) Plan may not exceed the lesser of \$54,000 or 100% of compensation. Your Salary Reduction Agreement must include a copy of this form.

Employee Signature	Date
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