



**Municipality of Monroeville**  
**Monroeville, PA 15146**

**457 Deferred Compensation Form**

Employee ID #: \_\_\_\_\_ Employee Name: \_\_\_\_\_

**Deferred Compensation Plan:**

- ☐ Nationwide
- ☐ Mission Square
- ☐ American Funds/Capital Group

**Deferral Election:**

- ☐ This is my initial enrollment.\*
- ☐ This is a change from my previous selection.
- ☐ I wish to terminate my 457 enrollment.

I authorize the Municipality of Monroeville to withhold the following as pre-tax contributions from my wages each pay period:

	%
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\$
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\*If this is your initial enrollment, please also submit your complete 457 application to Payroll. Please be sure the application is completed in full, including your investment elections.

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

\_\_\_\_\_  
Date