

**SUFFOLK COUNTY PUBLIC EMPLOYEES DEFERRED COMPENSATION
PLAN**

**Balance of Normal and Age 50 + Deferrals from Accruals (SCAT) Check
2009**

If you are requesting approval for retirement catch-up, do not use this form. Please submit an Application for Retirement Catch-up form (available by calling 853-5424 or by accessing our website at www.scddeferredcomp.org).

This form is to be used by employees who are severing County employment and wish to defer the balance of their maximum Normal contributions and age 50 + contributions (if eligible). You must be an active member of the Plan for a minimum of six months. The maximum annual normal contribution limit for participants born on or after January 1, 1960 is \$16,500 in 2009. Participants born on or before December 31, 1959 may make additional contributions equal to \$5,500. The age 50 + contribution limit will automatically be added to the normal contribution deferral limit if your date of birth qualifies you for the additional amount. Age 50 Plus Contributions may not be used during the three year period in which you have been approved for retirement catch-up contributions. The IRS will announce the normal and age 50 + contribution limits for 2010 in the fall of 2009.

Year	Max Normal	Max Age 50+	Combined Max Limit
2009	\$16,500	\$5,500	\$22,000

The amount you specify below will be taken from your accruals (SCAT) check and forwarded to the deferred compensation provider(s) that you designate. This form must be returned to the Board (address below) prior to the first of the month you are retiring/separating.

Name _____ Social Security # _____

Home Address _____

Department _____ Bargaining Unit _____

Date of Severance or Retirement _____ Date of Birth _____

Work Phone # _____ Home Phone # _____

____ I elect to have my balance of normal contributions and age 50 plus contributions (if eligible) deducted from my SCAT check. **OR**

____ I elect to have the following amount deducted \$ _____ (Cannot exceed \$22,000)

Submission of this form serves as authorization for the amount to be taken from your accruals check. Should the figures when combined exceed the maximum contribution allowed and/or should the gross amount of your SCAT check and/or your age make you ineligible for the amount you are requesting, an adjustment will be made.

Select company or companies you want your money to be sent to and indicate the appropriate percentage. (Must add up to 100%)

____ AIG Retirement _____ % _____ T. Rowe Price _____ %

Signature _____ Date _____

Return completed form to Suffolk County Public Employees Deferred Compensation Board, c/o Civil Service, Building #158, P.O. Box 6100, Hauppauge, New York 11788-0099 before the first of the month you are severing your employment with Suffolk County.

Office use:

Date Rec'd _____ Date Rev'd _____ Recontact _____ Approved _____ Initials _____