## **457(b) Employer Contribution Questionnaire**

Employer Name:	State
Employer hereby makes available to its employees a 457(b) Plan that provides for employer contribution applicable employment agreements and/or collective bargaining agreements, and agrees that the follow employer contributions and any earnings attributable to the employer contributions made to the Plan.	
A. Type of Employer Contributions	
<ul> <li>☐ Discretionary Employer Contributions</li> <li>☐ Fixed Employer Contributions</li> <li>☐ Matching Employer Contributions (If matching contributions are made, please provide the</li> </ul>	formula)
B. Vesting Schedule (if applicable)	
☐ A Participant shall become 100% vested in his or her account immediately. ☐ Graded Vesting (i.e. Year 1 –20%, Year 2 – 40%, Year 3 – 60%, Year 4 – 80%, Year 5 – 3	100%)
Schedule:	
☐ Cliff Vesting (i.e. Year 1 – 0%, Year 2 – 0%, Year 3 – 100%)	
Schedule:	
B. Investment Options	
Any Annuity Contract and/or Custodial Accounts provided by any of the approved Investr	nent Providers in Appendix I.
C. Eligibility Requirements	
All employees shall be eligible to participate in the Plan for purposes of Employer, Non-E  Other (Define)	lective Contributions
D. Age Requirement	
<ul><li>☐ No age requirement for eligibility.</li><li>☐ Participant is eligible after attaining age</li></ul>	
E. Years of Eligibility Requirements	
<ul><li>☐ No minimum years of service required.</li><li>☐ Participant is eligible after completingyear(s) of eligible service.</li></ul>	
F. Entry Dates	
☐ The entry date for participation is anytime during the plan year. ☐ The entry date for participation shall be	
G. Loans	
<ul> <li>☐ Loans <i>will</i> be available under the Plan subject to availability and any additional conditions</li> <li>Participant's 403(b) Individual Agreement(s).</li> <li>☐ Loans <i>will not</i> be available under the Plan.</li> </ul>	that may apply under a
H. Distribution Restrictions	
☐ Severance from employment.       ☐ Attainment of age (Must be at least possible for the properties)         ☐ Death       ☐ Completion of years of service.	st 70 ½)
Unforeseeable Emergency  I. Additional information	
Completed by	Doto