



# EXCESS CONTRIBUTION REFUND REQUEST FORM

## 457 DEFERRED COMPENSATION PLANS

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Submit this form to request a refund of excess deferrals from your participants' 457 Deferred Compensation Plan accounts. Follow the steps shown below to ensure we are able to process your request in a timely manner.

1. Complete the *Excess Contribution Refund Request Form*
2. List each participant's name, Social Security number or reference code, and excess contribution/deferral amount.

*Note: Only enter the excess deferral amount in the "Refund Request Details" section. ICMA-RC will calculate the earnings attributable to the excess amount(s).*

3. Fax or mail the completed form to ICMA-RC.

Fax: ICMA-RC  
ATTN: Workflow Management Team  
202-682-6439

Mail: ICMA-RC  
ATTN: Workflow Management Team  
P.O. Box 96220  
Washington, DC 20090-6220

*Please keep a copy of the completed form for your records.*

4. ICMA-RC will return the excess deferral amounts and associated earnings directly to participants. Checks will be sent to the address we have on file for the participant unless you provide an alternate address. Taxable amounts will be reported to participants on Form 1099-R.



# EXCESS CONTRIBUTION REFUND REQUEST FORM

457 DEFERRED COMPENSATION PLANS

1. Submit this form to request a refund of excess deferrals from a 457 Deferred Compensation Plan account.
2. Provide contribution/deferral details for each participant.

## 1 EMPLOYER/PLAN SPONSOR CONTACT INFORMATION

Employer Plan Number: \_\_\_\_\_ Employer Plan Name: \_\_\_\_\_ Date of Request: (MM/DD/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Primary Contact Title: \_\_\_\_\_

Preferred Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

## 2 REFUND REQUEST DETAILS

List each participant who received excess deferrals during the year, the total amount of excess deferrals he/she received, and the contribution dates for each contribution that included excess deferral amounts. If you need to request a refund for more than two participants, please complete another form with the details of any additional participants.

Participant Name: \_\_\_\_\_

SSN or Reference Code: \_\_\_\_\_ Total Excess Deferral Amount: \$ \_\_\_\_\_

Contribution Dates — List the date of each contribution that contained an excess amount.

Year: \_\_\_\_\_ Month/Day (MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Participant Name: \_\_\_\_\_

SSN or Reference Code: \_\_\_\_\_ Total Excess Deferral Amount: \$ \_\_\_\_\_

Contribution Dates — List the date of each contribution that contained an excess amount.

Year: \_\_\_\_\_ Month/Day (MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## 3 EMPLOYER AUTHORIZATION

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_