



# SUPER CATCH-UP - AGE 60-63 CATCH-UP FORM

1. Use this form to take advantage of the age 60-63 Super Catch-up provision only  
Note: You should only use this form if you have previously established an account in your employer's plan.

2. Return the completed form to your employer. **DO NOT SUBMIT THIS FORM TO MISSION SQUARE RETIREMENT.**

**SUBMIT TO:**  
City of Oakland Benefits Unit  
150 Frank H. Ogawa Plaza, 2nd Floor HR Desk  
Oakland, CA 94612

**FAX:**  
(510) 238-6560

Year	Age 60-63 Super Catch-Up
2025	\$11,250 (\$34,750 total)

## 1 PARTICIPANT INFORMATION

Employer Plan Number: **307108**

Employer Plan Name: **City of Oakland**

Employee Number (Required): \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_ Department: \_\_\_\_\_

## 2 CATCH-UP CONTRIBUTION AMOUNT & EFFECTIVE DATE

**Age 60-63 Super Catch-up Contribution** (up to \$11,250 per year)

**Catch-up Contribution Amount (per pay period)**

I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with MissionSquare. (Specify a percentage or dollar amount for pre-tax and/or Roth contributions.)

**Pre-Tax Contributions:**  Percentage: \* \_\_\_ % or  Dollar Amount: \$ \_\_\_\_\_ (per pay period)

**Roth Contributions:**  Percentage: \* \_\_\_ % or  Dollar Amount: \$ \_\_\_\_\_ (per pay period)

Percentage of gross pay cannot be greater than 85%.

### Effective Date

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter.

## 3 SIGNATURES

Participant Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Employer Signature (REQUIRED) \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_