

# Contribution Change Form - Deferred Compensation

Group Number <b>62116</b>	Social Security Number		
Employer <b>County of San Joaquin</b>	Employee ID No.		
Plan Name <b>457(b) Deferred Compensation Plan</b>			
Participant Name (Last, First, MI)			
Mailing Address			
City		State <b>CA</b>	Zip Code
Home Phone	Work Phone	Ext.	

## CONTRIBUTION CHANGE - BEFORE-TAX CONTRIBUTIONS

Increase      Per check  
 Decrease      *Employee \$ or %*  
 Resume      From:   
 Suspend      To:

## CONTRIBUTION CHANGE - AFTER-TAX ROTH CONTRIBUTIONS

Increase      Per check  
 Decrease      *Employee \$ or %*  
 Resume      From:   
 Suspend      To:

### Employees contributing over the IRS annual maximum - Select One, if Applicable

I am utilizing the age 50+ catch-up provision

I am utilizing the special pre-retirement catch-up provision and have included a contribution history report provided by Auditor'-Controller's Payroll along with this change form.

By execution of this document, the Employee authorizes that any Before-Tax or After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

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

\_\_\_\_\_  
Date

**Submit this form to Auditor-  
Controller's Payroll. Please fax to:  
(209) 468-0408**