



Plan Participant Information

Participant Name:	Account Number or SSN:
Mailing Address:	Date of Birth:
City, State, & Zip Code:	Phone Number:
Payroll Number:	Email:

Deferral Change

My new 457(b) Pre-Tax deferral amount will be: \$ _____ **OR** _____%

My new 457(b) Roth After-Tax deferral amount will be: \$ _____ **OR** _____%

NOTE: Current investment allocations will remain the same.

I authorize the above amount to be deducted from my pay warrant and to be invested in my Plan account. The change will continue until otherwise authorized in accordance with the Plan.

Authorization

I authorize the City of Philadelphia Deferred Compensation Plan to change the deferrals to the account identified above. I understand that per regulations, this change will not be effective before the first of the month subsequent to the date on which this change request is accepted by the Plan. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature:	Date:
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Form Return

By mail: Nationwide Retirement Solutions
 PO Box 182797
 Columbus, OH 43218-2797

By fax: 877-677-4329

Overnight Address: Nationwide Retirement Solutions
 DSPF-F2
 3400 Southpark PI Ste A
 Grove City, OH 43123-4856