



**Philadelphia
Deferred
Compensation**

City of Philadelphia Deferred Compensation Plan
457(b) Deferral Change Form

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) deferral amount will be:	\$	per pay period.
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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 Pl Ste A
Grove City, OH 43123-4856