



Marin County
457(b) Deferred Compensation Plan
Contribution Election Change Form

Personal Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_
Personnel Number: \_\_\_\_\_ Department: \_\_\_\_\_

Contribution

This request to change your current contribution election supersedes all prior requests.

Effective Pay Date\* : \_\_\_\_\_
(No date or non pay date given will be interpreted at discretion of Payroll Department)

Table with 3 columns: Contribution Type, Current, New. Rows include 457(b) Pre-Tax, 457(b) Roth After-Tax, and Total.

Please initial only one, if applicable.

- Initial I am eligible and elect the Age 50 catch-up contribution provision...
Initial I am eligible and elect the Special catch-up provision...

\*Please remember, your employer's processing schedule will determine the actual effective date of the contribution. The earliest your enrollment or contribution change can start is the first day of the month following the Department of Finance - Payroll Division receiving your completed request.

\*\*Contact Jim Laffoon (415-473-3140 or laffooj@nationwide.com) for information about the age 50+ and 3-Year Catch-Up Provisions. To make changes to your account, call 888-299-2828.

Authorization

I authorize my employer to defer a portion of my salary into my deferred compensation account as directed above on a bi-weekly basis.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Department of Finance): \_\_\_\_\_ Date: \_\_\_\_\_

Return signed authorization to the Department of Finance, Civic Center, Room 219. Fax: (415) 473-5070