## OTTY OF AVAILABLE OF AVAILABLE

## **CITY of ALAMEDA • FINANCE DEPARTMENT**

2263 Santa Clara Avenue • Room 220 • Alameda, CA 94501 (510) 747-4881 • (510) 865-4045 fax • finance@alamedaca.gov

## 457 DEFERRED COMPENSATION – DEFERRAL CHANGE FORM

**To the Employee**: Use this form to make changes in the amount of your deferral to your 457 Deferred Compensation Plan.

You should already be enrolled in a deferred compensation plan. If you are not enrolled, contact the Human Resources Department to request a **457 Deferred Compensation Plan Employee Enrollment Packet**. The enrollment form must be completed and submitted before deferral can begin.

**Annual Contribution Limit**: Only future compensation may be deferred.

Year	Annual Deferral Limit
2020	\$19,500

**Catch-Up Provision**: As you near retirement, you may make additional contributions under the "pre-retirement" (for earlier years when you did not contribute the maximum amounts allowed) **OR** the "age-50" catch-up provision (you are age 50 or older in the current tax year). Note: The "pre-retirement" catch up provision and "age-50" catch-up provision cannot be combined in the same plan year.

Year	Additional "Pre-Retirement" Catch-Up Limit
2020	\$19,500

Year	Additional "Age 50" Catch-Up Limit
2020	\$6,500

I am enr	olled in the follo	owing 457 Deferred Con	mpensation plan:	
	ICMA	PERS/VOYA	NATIONWIDE	
I wish to	make the follow	wing change:		
I wish to change the total amount I <b>DEFER</b> from my pay each pay period to% or \$ to be contributed to my 457 account.				% or
	I wish to SUS	SPEND the current amo	ount being contributed to my 457 account.	
If you wi	sh to use a Cat	ch-Up Provision, please	e indicate ONE of the following types you are using:	
			500 more than the normal limit. \$39,000 more than the normal limit. \$26,000 maximum).	
Change	will be effective	e: The next qualifying	g pay period or Future date//	
I authorize the change in contributions indicated above.				
EMPLO'	YEE SIGNATU	RE:	DATE:	
PRINT N	IAME:		EMPLOYEE ID OR	
			LAST 4 DIGITS OF SSN:	

Submit the completed form to the Finance Department.