



457(b) DEFERRED COMPENSATION **CONTRIBUTION CHANGE FORM**

This form is for employees already enrolled in a deferred compensation plan. If you are not currently enrolled, please visit HR's website under [Benefits](#).

| Section A – Plan and Participant Information | | | |
|--|--------------------------|----------------------------|-----------|
| Name: | | Employee ID: | |
| Address: | | | |
| Plan: | Mission Square | Nationwide | VOYA/PERS |
| Effective Date: | Next Qualifying pay date | Future Date ____/____/____ | |
| Section B – Before-Tax Contributions Change (\$23,500 combined limit) | | | |
| I want my Before-Tax contribution amount each pay check to be: | | | |
| \$ | OR | % | |
| I want to STOP my Before-Tax contribution to my 457(b) account | | | |
| Section C – Roth Contributions Change (\$23,500 combined limit) | | | |
| I want my Roth contribution amount each pay check to be: | | | |
| \$ | OR | % | |
| I want to STOP my Roth contribution to my 457(b) account | | | |
| Section D – Catch-Up Contributions (in addition to \$23,500 combined limit) | | | |
| “Age-50” Provision – Additional \$7,500 per year for a total of \$31,000 annually. I will be age 50 or older by the end of the calendar year in which this deferral election is effective. | | | |
| “Age 60-63” Provision – Additional \$11,250 per year for a total of \$34,750 annually. I will be turning age 60 to 63 by the end of the calendar year in which this deferral election is effective. | | | |
| “Pre-Retirement” Provision – Additional \$23,500 per year for a total of \$47,000 annually. I have completed the pre-retirement paperwork with my 457(b) plan provider and qualify for this catch-up. | | | |
| Important Note: The special pre-retirement and the age provision catch-ups cannot be utilized at the same time. | | | |
| Section E – Employee Signature | | | |
| I authorize that any Before-Tax Contributions or Roth Contributions indicated above will be deducted from my compensation. This agreement shall continue to be in effect only while employment with the City of Alameda continues or until it is altered in accordance to our plan provisions. | | | |
| Employee Signature _____ | | Date ____/____/____ | |