



DEFERRED COMPENSATION PAYROLL CONTRIBUTION CHANGE FORM

As a Deferred Compensation participating employee who has executed a City of Stockton Participation Agreement, I hereby cancel the prior payroll contribution authorization and designate the new payroll contributions, per payday, as stated below:

Employee Contribution to the 457 Plan:

Please indicate contribution amount **PER PAYDAY**: \$ _____ OR % _____

Effective Payday: _____

- [] It is my intent, based on I.R.S. regulations, to have the maximum allowable contributions into my City of Stockton Deferred Compensation Plan. It is further understood that the City may reduce my contribution, as necessary, to prevent an excess contribution.
- [] Date of Birth _____ (Required for Special Catch-Up contributions only)
- [] Catch-Up- Effective Years _____, _____, and _____.

Employee's Signature

Date Signed

Please PRINT Name

Social Security Number

Please return to Human Resources for processing.

Employer Use Only:

Date entered into HTE: _____ By: _____

Verified by: _____ Date: _____