



DEFERRED COMPENSATION PAYROLL CONTRIBUTION CHANGE FORM

As a participating employee in the Deferred Compensation plan, who has executed a City of Stockton Participation Agreement, I hereby cancel the prior payroll contribution authorization and designate the new pre-tax payroll contribution, 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 IRS. regulations, to have the maximum allowable contributions into my City of Stockton Deferred Compensation Plan. I understand that my annual contributions are not to exceed the IRS maximum limits set each year.

[] Date of Birth _____ (Required for Special Catch-Up contributions only)

[] Catch-Up- Effective Years _____, _____, and _____.

Employee's Signature

Date Signed

Please PRINT Name Clearly

Social Security Number

Please return to Human Resources for processing.

Employer Use Only:

Choose One: Start Change Stop Max \$ _____ Effective Payday: _____

Choose One ABT Code: HA HC EP EC Date Sent to Payroll: _____

Date Entered into HTE: _____ By: _____ Verified By: _____ Date: _____