



## 457 Deferred Compensation Plan Simplified Employee Change Form

*For Change in Amount of Deferral Only*

Employer Plan Number

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Employer Name

<b>City and Borough of Sitka</b>
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Social Security Number

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Full Name of Participant

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Last
First

I authorize my employer to defer:

\$ \_\_\_\_\_ or \_\_\_\_\_ %  
from my pay per pay period.

- I am 49 years of age or younger this year (maximum deduction of \$18,500 in 2018).
- I am 50 years of age or older this year (maximum deduction of \$24,500 in 2018). My date of birth is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- I am using the Normal/3 year Catch-up Provision (maximum deduction of \$37,000 in 2018)

Change to be effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

*Future Effective Date (cannot be earlier than the beginning of the following month):*

*x*

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Participant Signature
Date

Please return this completed form directly to your payroll department.