PAYROLL MODIFICATION

ALAMEDA COUNTY
DEFERRED COMPENSATION PLAN

Plan No: 006809 Sub Plan No: _____ Employee Id: _____

1 ***PARTICIPANT DATA***

First Name: _____ MI ____ Last _____

Address: _____

City: _____ State: _____

Zip Code: _____ Department: _____ QIC: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

Date of Birth: _____ Date Employed: _____ Sex: _____
MO DAY YEAR MO DAY YEAR M F

TYPE OF PAYROLL MODIFICATION REQUEST

☐ **A. PAYROLL MODIFICATION**

Please change my bi-weekly deferral amount to: $_____ on a 457(b) before-tax basis
Please change my bi-weekly deferral amount to: $_____ on a Roth (after-tax) basis
Effective pay period: _____ - _____
Paycheck date: _____

☐ **B. DISCONTINUANCE** ☐ 457(b) before–tax basis **and/or** ☐ Roth after–tax basis

I request suspension of payroll contributions to the Deferred Compensation Plan.
Effective pay period: _____ - _____
Paycheck date: _____
(NOTE: When you wish to resume payroll contributions, submit a new Payroll Modification form and complete Section C as a restart. To restart both before-tax and after-tax contributions, use a separate Payroll Modification form for each.)

☐ **C. RESTART**

Please change my bi-weekly deferral amount to: $_____ on a 457(b) before-tax basis
Please change my bi-weekly deferral amount to: $_____ on a Roth (after-tax) basis
Effective pay period: _____ - _____ Paycheck date: _____
(NOTE: Unless a new investment allocation is filed, your contribution will be allocated at the same ratio as the last election on file.)

☐ **D. I request to participate in the 3-year Catch-Up**

Please change my bi-weekly deferral amount to: $_____ on a 457(b) before-tax basis
Please change my bi-weekly deferral amount to: $_____ on a Roth (after-tax) basis
Effective pay period: _____ - _____ Paycheck date: _____
(The Catch-Up Provision is a one-time allowable provision for three consecutive calendar years. You may begin catch-up three years prior to "normal retirement age" as defined by ACERA.)

3 ***PARTICIPANT AUTHORIZATION***

Payroll changes are **effective the month following receipt of this form** by the plan administrator at Alameda County Deferred Compensation Unit, and not less than two (2) pay periods.

Participant Signature: X_____ **Date:** _____

Please return this form to: Alameda County Deferred Compensation, 1221 Oak St, Room 131, Oakland, CA 94612 Attn: DC Admin.
or interoffice mail: QIC 20114 or Fax to 510 268-5377

4 ***EMPLOYER'S AUTHORIZATION – Alameda County Deferred Comp Office Use Only***

Employer Signature: X_____ **Date:** _____

Ed. 7/2017