



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 paycheck, as stated below:

Employee Contribution to the 457b Plan:

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

Effective Payday (must be the 7th): _____

[] 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.

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

Employee's Signature

Date Signed

Please PRINT Name Clearly

Social Security Number

Personal E-mail for Account

Date of Birth

Please return to benefits@stocktonca.gov at Human Resources for processing.

Employer Use Only:

Request Type: [] Start [] Change [] Stop

Stop Code: _____ End Date: _____ Date Sent to Payroll: _____

Start Code: _____ Start Date: _____ Max: \$ _____ Payday: _____

Entered By: _____
Initial & Date

Verified By: _____
Initial & Date