



ALAMEDA COUNTY DEFERRED COMPENSATION PLAN

PAYROLL MODIFICATION

Plan No: 006809 Sub Plan No: 001881 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: _____

TYPE OF PAYROLL MODIFICATION REQUEST (Bi-weekly deferral guideline: 1.5% or 20.00 minimum, and up to 61.0% maximum)

A. PAYROLL MODIFICATION

Please change my bi-weekly deferral amount to: \$ _____ or % _____ on a 457(b) before-tax basis
Please change my bi-weekly deferral amount to: \$ _____ or % _____ 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 (Not applicable if last payroll contribution(s) were within the last two years)

Please change my bi-weekly deferral amount to: \$ _____ or % _____ on a 457(b) before-tax basis
Please change my bi-weekly deferral amount to: \$ _____ or % _____ 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 (Percentages not applicable during Provision)

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 510 272-6826

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

Employer Signature: X _____ Date: _____