



ALAMEDA COUNTY
DEFERRED COMPENSATION PLAN

PAYROLL MODIFICATION

Plan No: 525127-01 Sub Plan No: 001881/2 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; percentages are not applicable for 3-Year Special Catch-up Provision)

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; percentages are not applicable for 3-Year Special Catch-up Provision)

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 are 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: