



ALAMEDA COUNTY DEFERRED COMPENSATION PLAN

Plan No: 006809 Sub Plan No: Dept:

1 PARTICIPANT DATA

First Name: MI: Last:

Phone Number: Email:

Date of Birth: Age: Employee ID Number: MONTH / DAY / YEAR

I understand that if I have not made contributions with the last 2 years, loan repayments not considered, I must submit an Enrollment Form to restart. Before-tax and after-tax contributions to my deferred compensation plan are deducted on a biweekly basis.

2 TYPE OF PAYROLL MODIFICATION REQUEST

A. I want to change my contributions to total:

Effective paycheck date: Before-tax \$ flat rate or % percent After-tax (Roth) \$ flat rate or % percent

B. I want to enroll in a "age-based" Catch-Up - complete A if you are already enrolled:

Age 50+ Catch-Up 60-63 (Super Catch-Up) Catch-Up

Effective paycheck date: Before-tax \$ flat rate or % percent After-tax (Roth) \$ flat rate or % percent

C. 3-Years Special Catch-Up Provision - complete A if you are already enrolled:

I want to enroll in the 3-Years Special Catch-Up.

Effective paycheck date: Before-tax \$ flat rate or % percent After-tax (Roth) \$ flat rate or % percent

(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.)

D. Discontinuance:

457(b) before-tax basis and/or Roth after-tax basis

Effective paycheck date:

(NOTE: When you wish to resume payroll contributions, submit a new Payroll Modification form and complete Section A as a restart.)

3 PARTICIPANT AUTHORIZATION

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 PLAN ADMINISTRATOR AUTHORIZATION - Alameda County Deferred Comp Office Use Only

Employer Signature: X Date: