

Oklahoma County 457 Plan
ACTIVE PARTICIPANT CHANGE FORM
NAME/DEFERRAL



(Please use black ink only.)

Name Change Salary Deferral Change Location Change Re-Enter

PARTICIPANT INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____

Phone Number: _____ Branch/Division: _____

NAME CHANGE

Change name to _____ Previous name _____

If you wish to designate a new beneficiary, please request a Beneficiary Designation Form from the Human Resources Department.

You should consider changing your Beneficiary Designation upon the occurrence of any life changing event, such as a marriage, a divorce, a birth, or the death of your beneficiary.

SALARY DEFERRAL AGREEMENT

You can stop your salary deferral at any time. You can reinstate, increase or decrease your salary deferral percentage as of the next reasonable payroll period.

You can defer up to 100% of your compensation (subject to other deductions from your pay). **If you are eligible to make catch up contributions and you do not wish to contribute the additional catch up contribution, you must check the box indicating that you do not wish to contribute any additional catch up contributions. If you do not check this box and you are eligible to make catch up contributions, you are making an election to include catch up contributions as part of your contribution election. Please make your new salary deferral percentage election below:**

I elect to have the following compensation contributed each pay period to my account under the above Plan.

A) Pre-tax \$ _____

B) Roth 401(k) \$ _____

I do not wish to contribute any additional catch up contributions.

I elect not to defer a portion of my compensation into the Plan at this time.

Participant's Signature _____ Date _____

Employer's Signature _____ Date _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.