

EMPLOYEE BENEFITS

County of Riverside Human Resources

Great Benefits For A Great Place To Work



COUNTY OF RIVERSIDE 457 DEFERRED COMPENSATION PLAN CHANGE FORM

INSTRUCTIONS

Complete this form to change the bi-weekly amount you contribute to your 457 Deferred Compensation Plan ("Plan") account. Funds will be allocated based on investment elections on file with the provider. This authorization replaces any previous one. Submit this completed form to the **Retirement Division Fax (951) 955-8538**.

For questions contact Nationwide (877) 677-3678 ▪ VALIC (888) 568-2542 ▪ Retirement Division (951) 955-4981

- I am electing to CHANGE my contributions to the Plan.
- I am electing to STOP all my contributions to the Plan.
- I am a new participant in the County of Riverside 457 Deferred Compensation Plan **Note: Only use this form if you have established an account in the Plan.** The enrollment must be completed before deferral can start. To enroll, contact a Nationwide or VALIC Financial Advisor (Section 3). The Financial Advisor will assist you with account setup, plan enrollment, funding options, and investment advice to meet your financial goals.

SECTION 1 - EMPLOYEE DATA


Last Name	First Name	Employee ID (required) _____
Social Security Number XXX - XX - _____	Work Telephone / Alternate Telephone	Department


SECTION 2 - EMPLOYEE DEFERRAL

This authorization replaces any previous one.

IRS regulations state that changes made to deferred compensation deferrals are to be effective on the first pay date of the next calendar month after receipt in Human Resources, unless noted otherwise. Complete the appropriate boxes below, with the amount you authorize to have deducted each pay period.

Effective date: ASAP or Pay Check dated ____/____/____

	Regular Deferral Amount	50+ Catch-Up Deferral Amount	Standard Catch-Up Deferral Amount
457 Pre-Tax Contribution:	\$ _____	\$ _____	\$ _____
ROTH After-Tax Contribution:	\$ _____	\$ _____	\$ _____

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457 Pre-Tax Contribution:	\$ _____	\$ _____	\$ _____
ROTH After-Tax Contribution:	\$ _____	\$ _____	\$ _____

I authorize my employer to reduce my salary by the above amount which will be credited to my Employer's Deferred Compensation Plan. The reduction will continue until otherwise authorized in accordance with the Plan. The deposit of my deferred amount by my employer and its payment to the designated investment options will be reflected in the first pay period contingent on the processing of this application by the Plan Administrator in conjunction with the set-up time required by my payroll center. The reduction is to be allocated to the funding options on file with the provider.

There is a \$2.00 administrative fee which will be automatically deducted from your paycheck.

EMPLOYEE SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: _____
Representative's Name - Please Print

Recorded Line: _____
(Required if being submitted by a Nationwide or VALIC Retirement Representative)

SECTION 3 - FINANCIAL ADVISOR CONTACT INFORMATION

For more detailed information, please schedule a meeting with a Financial Advisor listed below. The Financial Advisor will assist you with account setup, plan enrollment, understanding your funding options, and investment advice to meet your financial goals.

Nationwide Retirement Solutions		
Scott Eason	All Areas	(951) 315-3888
Loren Farfan	All Areas	(818) 642-8191
Mel Casupanan	All Areas	(951) 901-0514
Gareth Ward	All Areas	(310) 339-0709
Lupita Ayala	All Areas	(818) 798-8159
Megan Collins	All Areas	(614) 435-8383
Janice Nichols	Desert Areas	(760) 567-5007
VALIC		
Scott Meinert	CAC / RCMC/ Riverside Area	(951) 225-5347
Fredrik Whitley Maisha Sellers	CAC / Central Riverside County CAC / Central Riverside County	(951) 663-2451 (657) 274-1723
Tim McDonald	Perris, Menifee, Murrieta	(760) 835-9522
Kevin Landen	I-15 Corridor	(951) 501-6432
Jerry Corral	Indio	(760) 702-0055