City of Tacoma / ICMA-RC
2020
457 Deferred Compensation Contribution Change Form

TO THE EMPLOYEE:
Decreases & Stopping deferrals may be made via Employee Self Service and will be effective in the pay period the change is made.

Increases of deferrals require this paper form to be completed and delivered to Benefits, TMB/Room 1420. All contribution changes will be effective the first paycheck of the month following the date the Benefits office receives this form, or as soon administratively possible thereafter.

ANNUAL DEFERRAL LIMIT:
This limit includes all contributions made to the pre-tax and after-tax plans combined. This limit also includes any employer contributions made on your behalf.

Annual limits include ALL Employee & Employer (if applicable) contributions and also Pre-Tax & After Tax contributions combined.

<table>
<thead>
<tr>
<th>Year</th>
<th>Regular Deferral</th>
<th>Age 50 Deferral</th>
<th>Pre-Retirement Catch-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>$19,500</td>
<td>$26,000</td>
<td>$39,000</td>
</tr>
</tbody>
</table>

PRE-RETIREMENT CATCH-UP:
As you near retirement, eligible participants may be able to contribute an additional amount over the regular limit to make up for years in which they did not contribute the maximum amount they were eligible to contribute. Contact the Benefits Office at 253-591-5440 for more information.

FOR ACTIVE EMPLOYEES ONLY

Employee Name: ___________________________________________ Employee ID: __________________________

Please check one or both of the below contribution options.

Pre-Tax Contributions: I authorize my employer to defer _______ % or $_________ from my pay each pay period to be contributed to my ICMA-RC 457 account.

After-Tax Roth Contributions: I authorize my employer to defer _______ % or $_________ from my pay each pay period to be contributed to my ICMA-RC 457 account.

☐ Future Effective Date: ___ ___ / ___ ___ / ___ ___ ___

FOR TERMINATING EMPLOYEES ONLY

Employee Name: ___________________________________________ Employee ID: __________________________

☐ Retirement/Separation date: __________________________

In addition to my regular per pay period deferral, from my final COT paycheck defer to my ICMA-RC 457 account:

☐ Pre-Tax ☐ After-tax Roth
☐ PTO: $ or % _________ ☐ Vacation: $ or % ___________ ☐ Sick Leave: $ or % ___________

_______________________________________  __________________________
Employee Signature  Date

_______________________________________  __________________________
Benefits Signature  Date

Return completed form to Benefits, TMB, Room 1420
Fax: 253-591-5873

Revised 09/03/2019