



# CITY OF TACOMA / NATIONWIDE

**2022 - 2023 (Temporary)**

## 457 Deferred Compensation Contribution Change Form

For current IAFF Participants Only

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

(Please PRINT)

Year	Regular Deferral	Age 50 Deferral	Pre-Retirement Catch-Up
2022 / 2023	\$20,500 / \$22,500	\$27,000 / \$30,000	\$41,000 / \$45,000

### 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 253-573-2345 for more information.

**Annual Deferral Limit includes ALL Employee, Employer, Pre-tax, & After-tax contributions combined**

### TRADITIONAL 457 CONTRIBUTIONS (*before taxes*)

*Refer to your Collective Bargaining Agreement for provisions related to a City match*

Specify One:

- Change current deferral
  Stop deferrals
  Restart deferrals

Effective Date of Change: \_\_\_\_\_ Use 01/01/2023 for changes effective for the 2023 plan year.

I authorize my employer to defer \_\_\_\_\_ % or \$ \_\_\_\_\_ from my pay **each pay period** to be contributed to my NATIONWIDE 457 Traditional Plan.

### ROTH 457 CONTRIBUTIONS (*after taxes*)

*There is no City match with Roth contributions*

Specify One:

- Change current deferral
  Stop deferrals
  Restart deferrals

Effective Date of Change: \_\_\_\_\_ Use 01/01/2023 for changes effective for the 2023 plan year.

I authorize my employer to defer \_\_\_\_\_ % or \$ \_\_\_\_\_ from my pay **each pay period** to be contributed to my NATIONWIDE 457 Roth Plan.

\*NOTE: All contribution increases will be effective the first paycheck of the month following the date the Benefits office receives this form, or as soon as administratively possible thereafter. Contribution decreases will be effective with the pay period following when the Benefits Office receives this form.

By signing, I have reviewed, understand, and agree to the provisions as stated.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Benefits Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Email completed form to the Benefit office at [benefits@cityoftacoma.org](mailto:benefits@cityoftacoma.org) or interoffice to Benefits, TMB, Room 1420