2020 DEFERRED COMPENSATION
NATIONWIDE DEFERRAL CHANGE FORM
For current IAFF Participants Only

Employee Name: ____________________________ Employee ID: ____________
(Please PRINT)

<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>

☐ Regular Annual Deferral ☐ “Age 50” Deferral ☐ Pre-Retirement Catch-Up Deferral

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

TRADITIONAL 457 CONTRIBUTIONS (before taxes)
City of Tacoma Match: Up to $192.00

Specify One:
☐ Change current deferral  ☐ Stop deferrals  ☐ Restart deferrals
☐ Final separating paycheck deferral  Retirement/Separation date: ____________________________

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
☐ Final separating paycheck deferral  Retirement/Separation date: ____________________________

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

*ALL payroll changes will start on the paycheck issued on the first of the month following the month that the change form is submitted except for stopping deferrals.

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

Participant Signature __________________ Date ____________
Deferred Compensation Signature __________________ Date ____________

Return completed forms to the Benefits Office, TMB Room 1420 or fax to 253-591-5873

Revised 12/03/2019