



# 2020 DEFERRED COMPENSATION NATIONWIDE DEFERRAL CHANGE FORM

For current IAFF Participants Only

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
(Please PRINT)

Year	Regular Deferral	Age 50 Deferral	Pre-Retirement Catch-Up
2020	\$19,500	\$26,000	\$39,000

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**