



Nationwide
is on your side

DEFERRED COMPENSATION DEFERRAL CHANGE FORM

For current IAFF Participants Only

Employee Name: _____ City of Tacoma ID Number: _____
(Please PRINT)

Regular Annual Deferral
\$19,000 Annual Limit

“Age 50” Deferral
\$25,000 Annual Limit

Pre-Retirement Catch-Up Deferral
\$38,000 Annual Limit

Contact Benefits Department at 591-5440
for more information

**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 hereby authorize and direct my employer to deduct from my gross salary the following amount or percentage for the NATIONWIDE 457 Traditional Plan:

*New Deferral Amount: \$ _____ per paycheck or _____ % per paycheck

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 hereby authorize and direct my employer to deduct from my gross salary the following amount or percentage for the NATIONWIDE 457 Roth Plan:

*New Deferral Amount: \$ _____ per paycheck or _____ % per paycheck

*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 591-5873**