

DEFERRED COMPENSATION CONTRIBUTION CHANGE/STOP FORM



Human Resources Department

1300 NW Wall St, Suite 201, Bend, OR 97703-1960  
(541) 388-6553 - Fax (541) 330-4626  
www.deschutes.org

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_ Dept. \_\_\_\_\_  
(Please Print)  
Street Address \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_

This **change** applies to my established deferred compensation account with:

**Nationwide:**

**MassMutual:**

**ICMA:**

Pre Tax

Pre Tax

Pre Tax

After Tax (Roth)

After Tax (Roth)

After Tax (Roth)

I hereby authorize Deschutes County to:

Change my payroll deduction to \$ \_\_\_\_\_

Or

Contribute \_\_\_\_\_% each pay period to my account.

I would like to **STOP** my contribution.

I would like a **ONE TIME** contribution of \$ \_\_\_\_\_ put into my account.

I would like to utilize the **Catch-Up Provision:**

Yes, 3-year

Yes, Age 50+

*Expected Retirement Date* \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contribution changes are effective the month following receipt of form by Human Resources. This is in accordance with IRS regulations.**

**Contributions can be stopped within the same month the form is completed, providing it is received by Human Resources by the 20<sup>th</sup> of the month.**