

Contribution Change Form - 457(b) Deferred Compensation **for Employer Use Only**

Group Number: 109072		Social Security Number:	
Employer: Pinellas County/BCC		Department/ Location:	
Plan Name:			
Participant Name: (Last, First, M.I.) <input type="checkbox"/> Name Change? Please provide documentation			
Mailing Address: <input type="checkbox"/> New?			
City:		State:	Zip:
Home Phone:		Work Phone:	Ext:

A. CONTRIBUTION CHANGE- BEFORE-TAX CONTRIBUTIONS

<input type="checkbox"/> Increase		Employee \$ or %	Employer \$ or %	Total Contribution	Frequency*	Annual Contribution
<input type="checkbox"/> Decrease	From	\$ <input style="width: 80px;" type="text"/>	+ <input style="width: 80px;" type="text"/>	= <input style="width: 80px;" type="text"/>	x <input style="width: 80px;" type="text"/>	= <input style="width: 120px;" type="text"/>
<input type="checkbox"/> Resume						
<input type="checkbox"/> Suspend	To	\$ <input style="width: 80px;" type="text"/>	+ <input style="width: 80px;" type="text"/>	= <input style="width: 80px;" type="text"/>	x <input style="width: 80px;" type="text"/>	= <input style="width: 120px;" type="text"/>

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	_____

☐ I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

IF YOU ARE UTILIZING THE PRE-RETIREMENT CATCH-UP PROVISION PLEASE COMPLETE A PRE-RETIREMENT CATCH-UP NOTIFICATION AND SUBMIT IT TO MASSMUTUAL.

B. ROTH - AFTER-TAX CONTRIBUTIONS

Only complete this section if your contract includes a Roth contributions feature.

<input type="checkbox"/> Increase		Employee \$ or %	Frequency*	Annual Contribution
<input type="checkbox"/> Decrease	From	\$ <input style="width: 80px;" type="text"/>	x <input style="width: 80px;" type="text"/>	= <input style="width: 120px;" type="text"/>
<input type="checkbox"/> Resume				
<input type="checkbox"/> Suspend	To	\$ <input style="width: 80px;" type="text"/>	x <input style="width: 80px;" type="text"/>	= <input style="width: 120px;" type="text"/>

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	_____

C. EMPLOYEE SIGNATURE

By execution of this document, the Employee authorizes that any Before-Tax Contributions or Roth After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employee Signature

Date

D. EMPLOYER SIGNATURE

By execution of this document the Employer agrees that any Before-Tax Contributions or Roth After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employer Signature

Date

Submit this Contribution Change Form to your Employer.

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) (of which Retirement Services is a division) and its affiliated companies and sales representatives.