

# Change Form for Deferred Compensation (457) Contribution

- **This is not an enrollment form.** This is a form to change your contribution amount.
- **You must have an open deferred compensation (457 plan) account(s)** before submitting this form. For information on opening an account, see [www.pinellascounty.org/hr/deferred-comp](http://www.pinellascounty.org/hr/deferred-comp).
- Employee contribution changes are limited to the **first pay date of the month**.
- If you are making contributions to more than one deferred compensation vendor, **only the change(s) you provide on this form will be made.** All other elections will remain in place.

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Department \_\_\_\_\_

Effective Date \_\_\_\_\_ (must be the first pay date of a month)

## 2021 IRS CONTRIBUTION LIMITS

Annual Maximum	Age 50+ Catch-up	3 Year Catch-up*
\$19,500	Additional \$6,500 (\$26,000 total)	Additional \$19,500 (up to \$39,000 total)

\*Please contact Employee Benefits to determine your eligibility for this provision.

## CONTRIBUTION ELECTION

Please enter a per pay period contribution amount. Minimum contribution is \$10 per pay period.

Provider	Current Contribution Amount	New Contribution Amount or No Change
<b>Empower (Mass Mutual)</b>	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
<b>MissionSquare (ICMA)</b>	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
<b>Nationwide</b>	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
<b>VALIC (AIG)</b>	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____

## ACKNOWLEDGMENT AND SIGNATURE

- I confirm that I have an account with the deferred compensation vendor(s) selected.
- I acknowledge that it is my responsibility to enroll in the plan(s) of my choice and this is not an enrollment form. I am solely responsible for any loss of earnings on contributions if I have not enrolled in a plan(s). I authorize my employer to deduct the amount(s) shown above from my pay. My contribution(s) will remain in effect until I change my election. I understand that contribution changes are only effective on the first check of the month and cannot be changed mid-month.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Submit this form to your Payroll Department (see below) by the 25th of the month** by email, fax or interoffice mail to be effective on the first pay date of the following month:

- **Board of County Commissioners and Clerk of the Circuit Court:** Submit by email to [payroll@mypinellasclerk.org](mailto:payroll@mypinellasclerk.org) or fax to (727) 464-8360
- **Tax Collector:** Submit by email to [pctchradmin@taxcollect.com](mailto:pctchradmin@taxcollect.com) or fax to (727) 464-3413
- **Supervisor of Elections:** Fax to (727) 453-3058
- **Property Appraiser:** Submit to your designated Payroll staff person
- **Planning Council:** Submit by email to [info@ForwardPinellas.org](mailto:info@ForwardPinellas.org).