

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.
- 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 (\$39,000 total)

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

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
Empower (Mass Mutual)	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
MissionSquare (ICMA)	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
Nationwide	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
VALIC (AIG)	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 or fax to (727) 464-8360
- **Tax Collector:** Submit by email to 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.