



# DEFERRED COMPENSATION CONTRIBUTION CHANGE FORM

As a participating employee in the Deferred Compensation plan, who has executed a City of Stockton Participation Agreement, I hereby cancel the prior payroll contribution authorization and designate the new payroll contribution to appear **per paycheck**, as stated below:

**Active Payday:** \_\_\_\_\_

\_\_\_\_ **Traditional 457(b)** (pre-tax) Employee Contribution per Payday: \$ \_\_\_\_\_ or % \_\_\_\_\_

It is my intent, based on IRS. regulations, to have the maximum allowable contributions into my City of Stockton Deferred Compensation Plan.

Catch-Up Effective Years (if applicable) \_\_\_\_\_

\_\_\_\_ **Roth 457(b)** (post-tax) Employee Contribution per Payday: \$ \_\_\_\_\_ or % \_\_\_\_\_

It is my intent, based on IRS. regulations, to have the maximum allowable contributions into my City of Stockton Deferred Compensation Plan.

Catch-Up Effective Years (est. 2024) \_\_\_\_\_

*By signing this form, I understand my combined annual contributions to both Traditional 457(b) & Roth 457 (b) plans cannot exceed the maximum limits set each year by the IRS.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Please PRINT Name Clearly

\_\_\_\_\_  
SS# or 6-digit Employee #

\_\_\_\_\_  
Personal E-mail for Account

\_\_\_\_\_  
Date of Birth

*Please return to [benefits@stocktonca.gov](mailto:benefits@stocktonca.gov) at Human Resources for processing.*

**Employer Use Only:**

**Request Type:**  Start  Change  Stop

Stop Code: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Code: \_\_\_\_\_ Start Date: \_\_\_\_\_ Max: \$ \_\_\_\_\_ Payday: \_\_\_\_\_

Entered By: \_\_\_\_\_ Verified By: \_\_\_\_\_ Sent to Payroll: \_\_\_\_\_