



## ICMA 457 DEDUCTION CHANGE FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

1. \_\_\_\_\_ Please start deduction of \_\_\_\_\_ % per pay period.

- OR -

2. \_\_\_\_\_ Please change my deduction to \_\_\_\_\_ % per pay period.

- OR -

3. \_\_\_\_\_ Please stop all deductions to my 457 plan.

Signature: \_\_\_\_\_

**Please complete and return to Jessica Joanem in Human Resources.**