



CITY OF ROSWELL

ICMA ROTH DEDUCTION CHANGE

NAME: _____ **DATE:** _____

1. _____ Please start deduction of \$ _____ or _____ % per pay period.

- OR -

2. _____ Please change my deduction from \$ _____ to \$ _____ per pay period

Or from _____% to _____ % per pay period.

- OR -

3. _____ Please stop all deductions to my ROTH plan.

Signed: _____

Please complete and return to Jessica Joanem in Human Resources.