FAIRFAX COUNTY GOVERNMENT 457 EMPLOYEE CHANGE FORM

Change for:	VALIC Plan #593560		ICMA-RC Plan #301887	NATIONWIDE Plan # 000816		OWE PRI 1 #7-58001	CE
Address Ch				y Amount – Part B 🔲 B changes, fund transfers, and p		y Change - to provide	
			Must be completed)	changes, fund transfers, and p	novidei	to provide	asset transfers).
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ew address:No.			Street				
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RT B: CHANG	E BIWEEKLY	DEFER	RED COMPENSATIO	ON AMOUNT - Your minimum defer	ral must be	e \$10 per vend	lor.
-			e than one vendor	•			
			enter the <u>total</u> dollar ollar amount field.	r amount or percentage of your co	mpensatio	on you want	to defer biweekly.
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Plan Administrator

Date

Date

Participant