MARIN COUNTY

Voluntary 457 Deferred Compensation Plan

Payroll Deduction Form

Participant Information	Employee Name:
	Personnel Number:
	Social Security Number:
	Department:
Instructions	I authorize my employer to defer a portion of my salary into my deferred compensation account as directed below on a bi-weekly basis. Effective Pay Date:/ (no date or non pay date given will be interpreted at discretion of Payroll Department)
Must initial here to→>> authorize catch-up (*)	(initial) I qualify and elect the <u>age 50 bonus catch-up provision</u> (up to an additional \$5,500 contribution to a maximum of \$22,500). The most recent form submitted to payroll determines employee current status.
Must initial here to →> authorize 3-yr catch-up (*)	
	<u>Current</u> <u>New</u>
	\$\$
Participant's Signature:	Date:
Authorized Signature:	Department of Finance

(*) CONTACT Jim Laffoon

For information about the age 50+ and 3-Year Catch-Up Provisions. To make changes to your account, **Call 1-888-299-2828.**

JIM LAFFOON

Nationwide Retirement Solutions

Cell: 415-473-3140
E-mail: laffooj@nationwide.com
Website: www.marincountydc.com

Forward this form to the Department of Finance, Civic Center, Room 225. Fax: (415) 473-5070

2012 REGULAR DEFERRED COMP LIMIT: \$17,000