



ALAMEDA COUNTY DEFERRED COMPENSATION PLAN

Plan No: 0 0 6 8 0 9

Sub Plan No: 0 0 1 8 8 1

1 PARTICIPANT DATA

Employee ID No., First Name, MI, Last, Address, City, State, Zip Code, Department, QIC, Home Telephone, Work Telephone, Date of Birth, Date Employed, Sex

2 TYPE OF PAYROLL MODIFICATION REQUEST

A. PAYROLL MODIFICATION, B. DISCONTINUANCE, C. RESTART, D. CATCH-UP

3 PARTICIPANT AUTHORIZATION

- THIS FORM MUST BE ACCOMPANIED BY A COPY OF YOUR LATEST PAYCHECK STUB. Payroll changes are effective the month following receipt of this form...

Participant Signature: X Date:

Please return this form to: Alameda County Treasurer's Office, Attn: DC Admin, 1221 Oak St., 1st Fl, Rm. 131, Oakland, CA 94612 or interoffice mail QIC 20114 or fax (510) 272-3856

4 EMPLOYER'S AUTHORIZATION -Treasurer's Office Use Only

Employer Signature: X Date: