

## Deferred Compensation Change Request Form

After you have completed and signed this form, please fax to (313) 224-1917 or mail to 28 West Adams, Suite 1900, Detroit MI 48226.

Any changes made to your account will go into effect on the first day of the following month. This form must be completed and returned to our office before the first day of the month in which you wish for changes to occur.

### Information About You

XXX - XX -

Full Name (first, middle, last)

Last Four of Social Security Number

( ) -

Employee ID Number

Department

Email Address

Daytime Phone Number

### Deferred Compensation Provider

***I request the following change in my deferred compensation account with***

- AXA Equitable   
  MassMutual   
  GC Financial/Midland National   
  VOYA Financial   
  Penserv

### ***Changes to Account***

- Stop all contributions effective \_\_\_\_\_  
 Change my deferred compensation from \$\_\_\_\_\_ per pay to \$\_\_\_\_\_ effective \_\_\_\_\_

### ***One time Event***

Amount of payout to be deferred \$ \_\_\_\_\_ *(Subject to all IRS limits)*

### **Reason**

- Retirement – Sick/Vacation payout – retirement date \_\_\_\_\_

\*Paperwork must be turned in prior to your last day of employment with Wayne County Airport Authority.

- Sick/Vacation pay down (Sheriffs)

### ***Authorization***

I certify that the information above is accurate and complete. I authorize Wayne County Employees' Retirement System to process my deferred compensation request according to the instructions above.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date Signed

Office Use Only

Remarks \_\_\_\_\_

Completion Date \_\_\_\_\_