



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.

- 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 _____