



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 _____

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter.

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 _____