



## Empower Deferral Change Request

After you have completed and signed this form, please fax to (313) 293-3450 or mail to 28 West Adams, Suite 1900, Detroit MI 48226.

Any changes made to your account will go into effect the date the form is submitted to your employer or as soon as administratively possible thereafter. This form must be completed and returned to our office for the change 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

### Empower Deferral Type

#### I request the following change in my Prudential Deferral Account

☐ Empower 457

☐ Empower Roth

#### Changes to Account

☐ Stop all contributions effective \_\_\_\_\_

☐ Change my Empower deferral from \$ \_\_\_\_\_ per pay to \$ \_\_\_\_\_ effective \_\_\_\_\_

All contribution changes will be effective the date the change form is submitted 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 Empower deferral change request according to the instructions above.

Employee Signature

Date Signed

#### Office Use Only

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