



DEFERRAL AMOUNT CHANGE FORM
ACCG Retirement Services 457(b) Deferred Compensation Plan

Section I

Participant Name: _____	Phone Number: _____
Social Security #: _____	Jurisdiction: _____

Section II

Please change my deferral amount for each pay period to:	
<input type="checkbox"/>	I wish to defer the following percentage each payroll period as a 457(b) Plan pre-tax deferral: _____ %
<input type="checkbox"/>	I wish to defer the following percentage each payroll period as a Roth 457(b)* Plan deferral: _____ %
<i>*The Roth 457(b) option may not be offered by your plan. Please confirm with your Employer to find out if this option is available.</i>	
TOTAL: _____ %	

Participant Signature _____ Date _____

PLEASE GIVE THIS FORM TO THE HUMAN RESOURCES DEPARTMENT.
Do not return this form to ACCG Retirement Services.