



Nationwide[®]
is on your side

DEFERRED COMPENSATION CHANGE FORM

For THURSTON COUNTY Current Participants Plan# 0036788001

Employee Name: _____ Employee Number _____
(Please PRINT)

Account Number or SSN: _____

TRADITIONAL 457 CONTRIBUTIONS (*pretax*)

Specify One:

- Change current contributions
- Restart contributions
- Stop contributions

I hereby authorize and direct my employer to deduct from my gross salary the following amount for the NATIONWIDE 457 Traditional Plan:

*New Deferral Amount: \$ _____ per paycheck

I have reviewed, understand, and agree to the provisions as stated.

Participant Signature

Date

Plan Administrator Signature

Date

Return completed forms to Human Resources.

***Note: You may change the Plan contribution at any time. Your maximum yearly contribution to all 457 Plans are combined. *This form is for deferral changes only and will take effect the month following submission of this form.* For new participants to enroll please use the Nationwide Enrollment Form. Please contact Jake McMillen at 1-360-451-6963 or customer service at 1-877-677-3678 to make any other changes to your plan.**