



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. For new participants to enroll please use the Nationwide Enrollment Form. Please contact Daniel Black at 1-509-934-7164 or customer service at 1-877-677-3678 to make any other changes to your plan.**