



THIS IS NOT AN ENROLLMENT FORM
DEFERRED COMPENSATION CHANGE FORM
 Snohomish County Salary Redirection Agreement for Current NACO Participants
Employer plan # 37208001

Employee Name: _____ Date of Birth: _____
 (Please PRINT)

Employee ID #: _____ Department: _____

TRADITIONAL 457 CONTRIBUTIONS (before taxes)

Specify One: (Per Paycheck)

- Change current contributions Final paycheck contribution on separation
 Restart contributions Date of Separation _____
 Stop contributions

*New Deferral Amount: \$ _____ **OR** _____ % (Percentage)

ROTH 457 CONTRIBUTIONS (after taxes)

Specify One: (Per Paycheck)

- Change current contributions Final paycheck contribution on separation
 Restart contributions Date of Separation _____
 Stop contributions

*New Deferral Amount: \$ _____ **OR** _____ % (Percentage)

****ALL payroll changes will start on the paycheck issued on the 22nd of the month following the month that the change form is submitted, except for stopping deferrals.***

I hereby authorize and direct my employer to deduct the amount or percentage listed above (**per paycheck**) from my pay. I understand that the **457 Traditional Plan** deduction will be deducted from my gross pay (before taxes) and that the **457 Roth Plan** deduction will be deducted from my net pay (after taxes).

 Participant Signature

 Date

Note: You may change either Plan contribution at any time. Your maximum yearly contributions to all 457 Plans are combined. Refer to <http://snohomishcountywa.gov/2026/Deferred-Compensation> for the current IRS contribution limits. **This form is for deferral changes only. If you would like to enroll, contact our Nationwide retirement specialist Mike Ferguson at (509) 385-7825 or via e-mail at fergusm9@nationwide.com.

Return completed forms to Human Resources at Mail Stop 503