



Contribution Change
CITY OF TALLAHASSEE
RSVP 457 DEFERRED COMPENSATION PLAN

Instructions

Please print using blue or black ink. Keep a copy for your records and submit the completed form to your Retirement Administration Office.

About You

Employee Number

Daytime Telephone Number

Last Name

First Name

MI

Contribution Information

I hereby authorize the City of Tallahassee to make Before-Tax payroll deductions from my salary as I have indicated below; not to exceed the limits set forth by the IRS (refer to "Guidelines for [General Employees OR Police Officer and Firefighters], MAP & RSVP Contribution Limits" - make sure you use the limits guidelines for the current calendar year). It is your responsibility to ensure that your contributions do not exceed the IRS limits.

A. Employee Voluntary Contribution of % (0-100%, in whole percentages) per pay period.

OR

B. Employee Voluntary Contribution of \$ (dollar amount) per pay period.

Note: If you are contributing for the first time, you must also complete an RSVP Enrollment Form.

Deduction Begin Date

The above deductions should begin with the current pay period unless another effective date is listed below:

Your Authorization

I understand this is a retirement savings plan subject to withdrawal only upon my retirement, termination of employment, or death.

Signature

Date