

## City of Albuquerque HUMAN RESOURCES DEPARTMENT DEFERRED COMPENSATION PLAN

Employee Deduction Change Form please print information

M E X ICMA	] ,	VALIC		NATIONWIDE
Employee Name:	Social Security #:			Employee ID # :
Department :		Daytime Ph	none # :	
1. CHANGE IN DEDUCTION: Complete this see	ction for continu	ed change in o	deduction.	
I authorize my employer to change my bi-we	eekly deferral to	\$		
from my check on the pay period beginning				
			Catch Up P	rovision:Age 50Retirement
Participant Signature		_	Date	
2. ONE-TIME CHANGE: Complete this section	if the contribution	on is a one-tim	ne over ride to t	he usual deduction.
I authorize my employer to defer		\$		
from my check on the pay period beginning				
Participant Signature		_	Date	
3. RETIREMENT CATCH-UP: Complete this se	ction if the chan	ge is a lump s	um payment on	a retirement cash-out.
I authorize my employer to defer	Sick Hours	\$		Hourly Amount
	Vacation Hour	rs \$		Total Deferral Amount
from my check on the pay period beginning				
Participant Signature		_	Date	Entered by: Checked by: