



NORMAL CONTRIBUTION FORM

1. Use this form to initiate contributions to your 457 deferred compensation plan or change the amount of your after-tax contributions.
Note: You should only use this form if you have previously established an account in your employer's plan.

2. **Do not use this form for age 50 or pre-retirement catch-up. Use the Age 50/Special Pre-Retirement Catch-Up Form.**

3. **Fax or mail the completed form to ICMA-RC.**

FAX:
ICMA-RC
ATTN: Workflow Management Team
202-682-6439

MAIL:
ICMA-RC
ATTN: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

Year	Maximum Contribution
2020	19,500 (Approximately \$750 every two weeks)

1 PARTICIPANT INFORMATION

Employer Plan Number: **307108**

Employer Plan Name: **City of Oakland**

Identification (Please provide your Social Security Number)

Social Security Number(Required): _____ - _____ - _____

Full Name of Participant: _____ Department: _____

2 CONTRIBUTION AMOUNT & EFFECTIVE DATE

Contribution Amount (per pay period)

I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with ICMA-RC. (Specify a percentage or dollar amount for pre-tax and/or Roth contributions.)

Pre-Tax Contributions: Percentage: * _____ % or Dollar Amount: \$ _____ (per pay period)

Roth Contributions: Percentage: * _____ % or Dollar Amount: \$ _____ (per pay period)

* Percentage of gross pay cannot be 100%.

Effective Date

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form, or as soon as administratively possible thereafter.

3 SIGNATURES

Participant Signature _____

Date: ____ / ____ / ____