



City of Oakland

457 Deferred Compensation Plans Normal Contribution Form

- 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.

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

FAX:

MissionSquare Retirement
Attn: Workflow Management Team
(202) 682-6439

MAIL:

MissionSquare Retirement
Attn: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

Please visit www.icmarc.org/for-plan-sponsors/plan-rules/contribution-limits to view current year annual maximum contribution amounts.

1 PARTICIPANT INFORMATION

EMPLOYER PLAN NUMBER: 307108	EMPLOYER PLAN NAME: CITY OF OAKLAND	STATE: CA
SOCIAL SECURITY NUMBER: <i>REQUIRED</i>	DEPARTMENT:	EMAIL ADDRESS:
FULL NAME: <i>LAST, FIRST, MI</i>		

2 CONTRIBUTION AMOUNT AND 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 MissionSquare Retirement. *(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 SIGNATURE

Participant Signature: _____ Date: *MM/DD/YYYY* _____