



Commonwealth of Virginia 457 Deferred Compensation Plan Payroll Authorization Form – State Agency Instructions

Action Requested:

Check the box that describes the action you are authorizing your agency payroll office to take relative to your deferrals to the Commonwealth of Virginia 457 Deferred Compensation Plan.

General Information:

Provide complete information as requested. If you do not know your **Employee Number** contact your agency payroll office.

Payroll Information:

- **Effective Pay Date** is the date on which the change you requested will be reflected in your pay. The change can be effective no earlier than the first of the month following the month you submit the form, or the next available pay date if later.
- **Agency** is the name of the employer with whom you qualify to participate in the Commonwealth's 457 Plan.
- **Agency Code** - your agency's payroll office or human resources office can give you this information.
- **Work Location** is where you normally report to work.
- **Current Deferral per Pay** is the amount of your 457 Plan deferral prior to the change you are requesting.
- **New Deferral per Pay** is the amount of deferral you are requesting each pay period beginning on the effective date.

Agency Transfer:

To - Provide the name and agency code of your new employer.

From - Provide the name and agency code of the employer from which you are transferring.

Agency Transfer Only: To ensure that deferrals continue at the level you desire, have this form processed by the payroll office at your new agency before it is sent to Great-West Retirement Services. The new agency payroll office must indicate the beginning date and ending date of the pay period for which the change will be affective.

NOTICE:

If you wish to use the 457 Standard Catch-Up or the Military Leave Make-Up provision you must obtain the application on-line at www.vadep.com (select Plan Information, then Forms). You may also request the application from your employer or from the Great-West Retirement Services Richmond Service Center.

Please sign, date and mail this form to:

Great-West Retirement Services
1108 E Main Street, Suite 1102
Richmond, VA 23219
1-(866) 226-6682 (option 2)/(804) 643-1882



Commonwealth of Virginia 457 Deferred Compensation Plan Payroll Authorization Form – State Agencies

Action Requested:

- Increase, Decrease, Reinstate, Suspend, Agency Transfer, Age 50+ Catch Up

General Information:

Last Name, First Name, Middle Name, Home Address, City, State, Zip Code, Social Security Number, Employee Number, Date of Birth

Payroll Information:

Effective Pay Date, Agency, Agency Code, Work Location, Work Phone, Current Contribution per Pay Period, New Contribution per Pay Period, Annual Salary

Agency Transfer:

Name of New Agency, Agency Code, Name of Previous Agency, Agency Code

Agency Transfer Only: To ensure that deferrals continue at the level you desire, have this form processed by the payroll office at your new agency before it is sent to Great-West Retirement Services. To be completed by New Agency: Transfer will be effective with the pay period beginning MM/DD/YY and ending MM/DD/YY

New Agency Payroll Signature, Date, Telephone

Signature:

Participant Signature, Date

Please sign, date and mail this form to:

Great-West Retirement Services, 1108 E Main Street, Suite 1102, Richmond, VA 23219, 1-(866) 226-6682 (option 2)/(804) 643-1882