



Commonwealth of Virginia 457 Deferred Compensation Plan Payroll Authorization Form Instructions One-Time Deferral

Action Requested:

Check the box which describes the compensation you are directing to be deferred to the Commonwealth's 457 Deferred Compensation Plan. You must be enrolled in the 457 Plan prior to requesting this one-time deferral.

General Information:

Provide complete information as requested. If your employer requires an employee number your agency payroll office can provide it to you.

Payroll Information:

- **Effective Pay Date** is the date on which the one-time deferral amount you requested will be reflected in your pay. The effective date can be no earlier than the first of the month following the month in which this form is submitted to your agency payroll office, 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 Deferred Compensation Plan. You must be an employee of your agency at the time you submit this form.
- **Agency Code** - your agency's payroll office can give you this information.
- **Work Location** is where you normally report to work.
- **Current Deferral per Pay Period** is the amount of your 457 Plan deferral prior to the change you are requesting.
- **Annual Salary** is your salary including bonuses and termination pay that you expect to receive from your agency during the calendar year in which this deferral will occur.

One-Time Deferral Amount:

- **One-Time Deferral Amount** is the amount of deferral you are requesting one-time only on the effective date.
- **Deferral amount for the pay date following the effective date of the one-time deferral will revert to the amount being deferred prior to the one-time change, if you continue to be an employee of your agency. Change to the deferral amount may be done online at www.vadcp.com or by telephone 1-866-226-6682 (option 1).**

Signature:

Participant must sign and date this form and give it to the agency payroll office, while still employed and no later than the month prior to the month in which the deferral will be made. The **agency payroll officer** must sign the form to confirm the deferral amount of the employment termination pay, bonus or other.

Please sign and date this form and give it to your agency's Payroll Office.



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Action Requested:

Employment Termination Pay (Annual, Sick & Compensatory Leave)

 Bonus

 Other _____

General Information:

Last Name	First Name	Middle Name
Home Address: Number & Street		
City	State	Zip Code
Social Security Number	Employer Number (if applicable)	Date of Birth

Payroll Information:

Effective Pay Date	Agency	Agency Code
Work Location	Work Phone	
\$ _____	\$ _____	
Current Deferral per Pay Period	Annual Salary	

One-Time Deferral Amount:

\$ _____ One-time deferral amount for the effective pay date.

Deferral amount for the pay date following the effective date of the one-time deferral will revert to the amount being deferred prior to the one-time change, if you continue to be an employee. Change to the deferral amount may be done online at www.vadcp.com or by telephone 1-866-226-6682 (option 1).

Signature:

Participant Signature	Date
Payroll Officer Signature	Date
Payroll Officer Name (Please Print)	Phone