



## Commonwealth of Virginia Deferred Compensation Plan Payroll Authorization Form Instructions

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### Action Requested:

Check the box which describes the action you are authorizing your agency payroll office to take relative to your deferrals to the Commonwealth's 457 Deferred Compensation Plan.

If you selected the Standard Catch Up, you must also complete a "Standard Catch Up Credit Worksheet" and a "Normal Retirement Age Election Form." You may obtain these forms from the Plan's Web site at [www.vadcp.com](http://www.vadcp.com) or from your registered representative. You may contact your registered representative at toll free **1-866-226-6682**, option 2.

If you selected the Uniformed Services Leave Make Up, a copy of the Payroll Authorization Form signed by you must be sent along with the Application for Uniformed Service Make Up, a copy of your military orders, date of call-up, and discharge papers to:

Commonwealth of Virginia Deferred Compensation Plan Service Center  
1108 East Main Street, Suite 1102  
Richmond VA 23219

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### General Information:

Provide complete information as requested.

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### Payroll Information:

- **Effective Pay Date** is the date on which the change 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.
- **Agency Name/Employer** 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 can give you this information.
- **Work Location** is where you normally report to work.
- **Current Contribution per Pay Period** is the amount of your 457 Plan deferral prior to the change you are requesting.
- **New Contribution per Pay Period** is the amount of deferral you are requesting each pay period beginning on the effective date. If you checked "Employment Termination Payout", this is the one-time amount that you wish taken from your payout. If you are unsure of the amount and wish it all deferred, write "all".

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### 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.

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### Uniformed Services Leave Make-up:

Guidelines and Application are found at [www.vadcp.com](http://www.vadcp.com) or can be obtained from a registered representative at toll free **1-866-226-6682**, option 2.

Indicate the amount of New Contribution per pay that is make-up contributions. Indicate the calendar year in which the leave occurred. Indicate the date that eligibility for the make-up ends (refer to line B.5 on the Application for Uniformed Services Make-up).

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



**Commonwealth of Virginia Deferred Compensation Plan  
Payroll Authorization Form**

**Action Requested:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Increase   | <input type="checkbox"/> Reinstate   | <input type="checkbox"/> Agency Transfer  |
| <input type="checkbox"/> Decrease   | <input type="checkbox"/> Suspend   | <input type="checkbox"/> Age 50+ Catch Up   |
| <input type="checkbox"/> Employment Termination Payout<br><i>(includes sick and annual leave payouts)</i> | <input type="checkbox"/> Uniformed Services Leave Make Up<br><i>(must be supported by Application)</i> | <input type="checkbox"/> Standard Catch Up<br><i>(Normal Retirement Age Election Form &amp; Standard Catch-Up Credit Worksheet also required)</i> |

**General Information:**

_____		_____		_____	
Last Name		First Name		Middle Name	
_____					
Home Address: Number & Street					
_____		_____		_____	
City		State		Zip Code	
_____		_____		_____	
Social Security Number		Date of Birth		Work Phone	

**Payroll Information:**

_____		_____		_____	
Effective Pay Date		Agency Name/Employer		Agency Code	
_____					
Work Location					
\$ _____		\$ _____		\$ _____	
Current Contribution per Pay Period		New Contribution per Pay Period*		Annual Salary	

**Agency Transfer:**

_____		_____	
To		From	

**Uniformed Services Leave Make-up:**

\*New Contributions per Pay includes \$ \_\_\_\_\_ per pay that is make-up contributions for calendar year \_\_\_\_\_ . Eligibility to make up this leave ends on \_\_\_\_\_.\*\*

\*\* See item 5 on Application for Uniformed Service Leave Make Up.

**Signature:**

_____		_____	
Participant Signature		Date	

**Please return this form to your agency's Payroll Office.**