



Sonoma County Deferred Compensation Plan Accrual /Comp/Lump Sum Deferral Form

To be used for deferral of vacation, comp time or lump sums

Participant Information

Last Name: _____ First Name: _____
 Date of Birth: _____ Email: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ SSN or Account #: _____
 Employee ID _____

Deferral Information

| | |
|---|----------------------------|
| Year to Date Deferrals: | Pay Date Effective: |
| Deferral Amount from Vacation /Comp/Lump Sum Payouts: _____ Pre-tax _____ After-tax(ROTH) | |

This form will only be used for one-time deferrals of accumulated sick, lump sum payouts, and vacation payouts and will not supersede or replace any other participation agreement covering regular deferrals. The total annual deferral amount to all 457 plans is the lesser of \$22,500 (\$30,000 with the Over 50 Catch up Option or \$45,000 with the special 457(b) Three-Year Catch Up Option) or 100% of includible compensation. Deferrals in excess of maximum amounts are not permitted and will be considered taxable income when refunded. Contributions to other Section 457 plans may limit the maximum amount I may defer under the Plan.

Authorization

I authorize my Employer to credit my Deferred Compensation Plan by the above amount. The crediting of the deferred amount above by my Employer will be reflected in my paycheck contingent on the processing of this application in conjunction with the set-up time required by my payroll center. The above amount is to be allocated according to the most current allocations I have on file. It is my responsibility to ensure my deferrals do not exceed the annual limit.

I have read and understand each of the statements on this form. I accept these terms and understand that these statements do not cover all the details of the Plan or products.

Please return this form to ACTTC-Deferred-Comp@sonoma-county.org

Signature: _____ Date: _____