



# County of Santa Cruz

## 457 Deferred Compensation Deduction Form



**Instructions:** Use this form to change your 457 deferred compensation contribution.

You may send the form to Personnel at 701 Ocean St., rm 510, fax to 454-2245 or email to [DeferredCompensation@santacruzcountyca.gov](mailto:DeferredCompensation@santacruzcountyca.gov)

Employee #	Employee Name	Phone #

**Effective Pay Period** \_\_\_\_\_ **Department Name** \_\_\_\_\_

The 457 Deferred Compensation plan is governed by IRS rules and regulations.  
The county will process your contribution change accordingly or as soon as administratively possible.  
Please call 454-2600 for any questions or concerns regarding your request.

### 2025 ANNUAL 457 CONTRIBUTION LIMITS

\$23,500 Normal Limit

\$31,000 Age-50 Catch-Up Limit

\$47,000 Pre-Retirement/Three-year Catch-Up Limit (enrollment required)

#### Action Codes:

A = Adding contribution for the first time/re-adding

C = Changing amount by increasing/decreasing

D = Deleting contribution

#### Actions:

Fill in the **total amount** you would like withheld from your pay each pay period.  
Your deductions will stay in place until you submit another deduction form.

DEDUCTION CODE	Total Amount Per Pay Period
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#### TRADITIONAL 457 PRE-TAX CONTRIBUTION

4600X	Fixed Dollar Amount	\$
4600P	Whole Percentage Amount	%

#### ROTH 457 AFTER-TAX CONTRIBUTION

4602T	Fixed Dollar Amount	\$
4602PT	Whole Percentage Amount	%

**I AUTHORIZE THE AUDITOR-CONTROLLER TO TAKE ACTION, STATED ABOVE, FROM MY PAY EACH PAY PERIOD, TO BE CONTRIBUTED TO MY 457 DEFERRED COMPENSATION PLAN.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Authorized Signature (Personnel)

Date \_\_\_\_\_

Date \_\_\_\_\_