

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 <u>DeferredCompensation@santacruzcountyca.gov</u>

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.

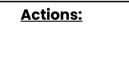
Please call 454-2600 for any questions or concerns regarding your request.

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



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

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 _____