



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., Suite 510, fax to 454-2245 or email to 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.

2026 ANNUAL 457 CONTRIBUTION LIMITS

\$24,500 Normal Limit

\$32,500 Age-50 Catch-Up Limit

\$49,000 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 (HR)

Date _____

Date _____