



# City of Jacksonville Deferred Compensation Plan

## Participant Action Form for Leave Payout Deferral

You are completing this form for Deferral for  457 Deferred Comp Pre Tax  457 Roth Post Tax

Terminal Leave Payout  Sellback/Rollback Leave Payout

Special Instruction (attached) 3 Year Catch -Up  Age 50 Catch-Up

Calendar Year: \_\_\_\_\_ Yearly IRS Max: \$ \_\_\_\_\_

YTD Total Contribution: \$ \_\_\_\_\_ As of: \_\_\_\_\_

Max Remaining Amount to Defer: \$ \_\_\_\_\_ As of: \_\_\_\_\_

**Leave the line below for HR to fill out:**

**HR initial:** \_\_\_\_\_ **Final Deferral Amount: \$** \_\_\_\_\_ **Paycheck date:** \_\_\_\_\_

Deduct the Medicare Tax 1.45% of the Deferral amount from:  Term Leave Payout  Regular Paycheck

I hereby authorize my Employer to deduct from my salary the amount specified above. The maximum amount of money I can contribute yearly to the Deferred Compensation Plan is determined by IRS regulations. It is my responsibility to ensure that the amount of my annual combined contributions to the program does not exceed from the maximum amount set by the IRS, and I assume full responsibility to the IRS for any excess contributions.

I am solely responsible for any investment gains or losses, other losses, and all charges and expenses associated with my participation in this Plan.

I understand that my Employer or the Provider does not represent and not liable for any tax consequences that may occur due to my participation in the Plan. I must consult my own tax advisor, attorney, or other representative regarding any tax implications and investment consequences arising from my participation in the Plan.

I, the participant, understand and agree to all the terms and conditions of the City of Jacksonville Deferred Compensation Plan.

Employee Name (Printed)	Employee ID#	Signature	Date
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Investment Provider Name	Signature	Date
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COJ Plan Administrator Name	Signature	Date
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