SALARY DEFERRAL AGREEMENT
GOVERNMENTAL 457(b) PLAN

Clear

Kern County Deferred Compensation Plan 98424−01

Participant Information

Last Name | First Name | MI

Social Security Number

Address − Number & Street

E−Mail Address

City | State | Zip Code

Mo Day Year Date of Birth

☐ Female ☐ Male

☐ Married ☐ Unmarried

( ) Home Phone

( ) Work Phone

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Payroll Information

Specify one of the following:

☐ New Enrollment ☐ Restart ☐ Increase Payroll Deduction ☐ Decrease Payroll Deduction ☐ Stop Deductions

Specify the following: from to

☐ I elect to contribute _____% or $_____ (per pay period) of my compensation as before−tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Payroll Effective Date: Mo Day Year

Date of Hire: Mo Day Year

Required Signatures – I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form.

Participant Signature **Date**

Authorized Plan Administrator/Trustee Signature **Date**

Participant forward to Plan Administrator/Trustee
Plan Administrator forward to Service Provider at:
Kern County
1115 Truxton Ave, 2nd Floor
Bakersfield, CA 93301−4639
Phone# (661) 868-3447

Comments:

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