



Nationwide® Retirement Solutions

# NATIONWIDE RETIREMENT SOLUTIONS

Salary Redirection Agreement for Current NACO Participants  
Snohomish County 457 Deferred Compensation Plan

## Employer Plan #37208001

Employee Name: \_\_\_\_\_  
(Please PRINT)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### CONTRIBUTIONS

*Specify One:*

- Change current contributions      Current Deferral Amount:
- Restart contributions                \$ \_\_\_\_\_ per paycheck or \_\_\_\_\_ % per paycheck
- Stop contributions\*

I hereby authorize and direct my employer to deduct from my gross salary the following amount or percentage:

**\* New Deferral Amount: \$ \_\_\_\_\_ . \_\_\_\_\_ per paycheck or \_\_\_\_\_ % per paycheck**

***\*Except for stopping deferrals, all payroll changes will start on the paycheck issued on the 22<sup>nd</sup> of the month following the month that the change form is submitted.***

### SIGNATURES

*I have reviewed, understand, and agree to the provisions as stated on this form.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\*Note: This form is for deferral changes only. To enroll or make beneficiary changes, please use the NACO Member Enrollment Form, or contact NACO representative Debbie Vichot at (206) 218-9985 or by e-mail at [VICHOTD1@nationwide.com](mailto:VICHOTD1@nationwide.com)

**Return completed forms to Human Resources at Mail Stop 503.**