



**DUPAGE COUNTY DEPARTMENT OF HUMAN RESOURCES 457  
DEFERRED COMPENSATION PLAN CHANGE FORM**  
*For Change in Amount of Deferral Only*

**Employer Plan Number**

3	0	1	7	8	5
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**Employee Number**

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**Full Name of Participant**

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Last

First

MI

**I authorize DuPage County to defer the amount indicated below from my pay each pay period:**

**PreTax 457 contribution**      \$ \_\_\_\_\_ **or** \_\_\_\_\_ %  
**AfterTax Roth457 contribution**      \$ \_\_\_\_\_ **or** \_\_\_\_\_ %

- I am 49 years of age or younger this year (maximum deduction of \$19,500 in 2020)
- I am 50 years of age or older this year (maximum deduction of \$26,000 in 2020). My date of birth is: \_\_\_\_\_
- I am using the Normal/3-year Catch-up Provision (maximum deduction of \$39,000 in 2020). You must complete the *Pre-Retirement Catch-Up* form from HR.

<p><b>Change to be effective:</b></p> <p align="center">(Select one)</p>	<input type="checkbox"/> <b>On My Next Paycheck</b> <input type="checkbox"/> <b>On This Pay Date _____</b>
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**Participant Signature** **Date**  
 Please return this completed form directly to Human Resources (421 Building)