

**Salary Deferral Agreement
Governmental 457(b) Plan**

Kern County Deferred Compensation Plan

Participant Information

Last Name			First Name			MI			Social Security Number												
Address - Number & Street												E-Mail Address									
City				State				Zip Code				Mo		Day		Year		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
												<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		Date of Birth					
Mobile / 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This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee.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:

Restart Increase Payroll Deduction Decrease Payroll Deduction Stop Deductions

Specify the following:

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

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Department Name

Department Number

Your Consent and Signature

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form. If I am stopping payroll deductions, all existing deferrals will be canceled.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee

Authorized Signature(s)

Authorized Plan Administrator/Trustee Signature

Date

Plan Administrator forward to Service Provider at:
Kern County
1115 Truxtun Ave, 2nd Floor
Bakersfield, CA 93301-4639
Phone #: 661-868-3447
Fax #: 661-868-3409
Web site: www.KernCounty457.com