



**Deferred Compensation Plan  
Payroll Change Deduction Request**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Department \_\_\_\_\_ Location \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

New Paycheck Deduction       Change Paycheck Deduction

Paycheck Deduction Amount      \$ \_\_\_\_\_

Check box if Applies:

Age 50+ Catch-Up

Special 457(b) Catch-Up Election

I wish to cancel/suspend my current paycheck deduction amount

Effective Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this Contribution Change Form to your Employer

Do not return to ING