



## Deferred Compensation Plan Payroll Change Deduction Request

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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