DEFERRED COMPENSATION PLAN CHANGE FORM

NAME OF PARTICIPANT		SOCIAL SECURITY NUMBER
NAME OF EMPLOYER Arlington Convention & Visitors Bureau		BILLING GROUP VFG187
DEPARTMENT	BUSINESS PHONE:	CELL PHONE:
EMAIL ADDRESS		

TYPE OF CHANGE REQUESTED

	Pre-Tax 457	*Roth 457*	
CHANGE contribution to	$_____	$ _____	Effective_____
RESTART contribution at	$_____	$ _____	Effective_____
STOP contribution: (check box) ☐			Effective_____
SEVERANCE PAY contribution:	$ _____		Effective_____
PTO SALE # OF HOURS:	_____		Effective_____

CATCH-UP ELECTION (Select only one) Date of Hire:_____ Date of Birth:_____ AGE:_____

☐ For purposes of using the catch-up provision available for participants for the *three years* prior to the year of attainment of normal retirement age, I hereby elect a normal retirement age of _____ and elect to use catch up for the calendar year periods beginning January_____ and ending December _____. I understand that this catch-up election may be made only one time and that this catch-up is only available to the extent of any under utilized prior year deferrals.

☐ I have attained or will attain *age 50* this year. I elect to use the catch-up provision available for participants age 50 and older.

PLEASE SIGN AND DATE & RETURN TO YOUR REGISTERED REPRESENTATIVE

PHONE: 612-887-3828 FAX: 612-445-7667 MAIL: 10800 Lyndale Ave South STE 200 Bloomington, MN 55420

Participant Signature	Date	Registered Representative