

Kent County Payroll Authorization Card

(Please complete and submit to your Human Resources Department)

I. Personal Information

Social Security Number

Date of Birth

Name

Address

Additional Address

City

State

Zip Code

Department

Work Phone

II. Plan Information*

Plan Type: 457(b) 401 Park's

(Check only **ONE** plan type. If you have several plan types, then you must submit a payroll authorization card for each plan type.)

Action: Change Stop

NEW \$ or %

Pre-tax contribution: _____

Roth contribution (457(b) Plan Only): _____

Total Contribution per pay period: _____

*You may make both pre-tax and Roth contributions in the Deferred Compensation Plan

Frequency: Bi-weekly

NOTE: Payroll deduction will be effective with the second pay date of the month following the month in which this form is signed and submitted to your Human Resources Department.

Catch Up Provision Utilized (select one option):

Yes, Age 50+ No

I authorize my employer to reduce my salary by the above amount for credit to my account with my employer's retirement plan. This reduction will begin on the pay period specified above, but no sooner than is permitted by law or than is administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.

Participant Signature

Date

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