



BUTTE COLLEGE

VALIC Retirement 457 Plan EMPLOYEE ACTION FORM

Name: _____ Colleague ID: _____

NEW ENROLLMENT 457 PLAN DEFERRAL INFORMATION

I, _____ (name), elect to deduct \$ _____ from my Salary per pay period effective _____ / _____ (month/yr), and authorize my employer to transfer the amount indicated above to the Valic 457 Plan. I understand that the elections and/or designations I have authorized will remain in force until I authorize a change in accordance with the provisions of the plan.

CANCELLATION/CHANGE IN DEFFERAL REQUEST

Cancel my payroll deduction for the Valic 457 Plan effective: _____ / _____ (month/yr).

Change my payroll deduction for the Valic 457 Plan to \$ _____ per pay period, effective: _____ / _____ (month/yr).

The undersigned Employee is wholly responsible for compliance with the Internal Revenue Code insofar as maximum amounts eligible for tax deferred compensation and indemnifies and holds harmless the District and its officers and employees for any amounts deferred.

Please Note: Must be submitted to payroll by the 15th of the month in which the election/change is effective.

Employee's Signature: _____ Date: _____

Authorized By: _____ Date: _____