Westchester gov.com

Salary Deferral Authorization For Deferred Compensation Programs

Deferred Compensation Plan of The County of Westchester

Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to **1-866-439-8602**. If faxing, please keep original for your records.

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

Questions?
Call 1-877-778-2100
for assistance.

About You

Plan number **9 8 0 1 3 0**

Sub plan number **0 0 0 0 0 2**

Social Security number ___ - ___ - ____

Daytime telephone number ___ – ___ – ____
area code

First name _____ MI ___ Last name _____

Agreement

For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

Before-Tax Contribution Election. I wish to contribute $ ___ , ___ **.00** of my salary per pay period.

The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution under the above mentioned Plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This salary reduction agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's program.

X _____ *Date* ____ ____ ____
Your Signature

Prudential