



RETIREMENT SYSTEM
457 DEFERRED COMPENSATION

457 DEFERRED COMP PLAN
EMPLOYER CHANGE FORM

(Revised 02/25)

If your agency information has changed, complete this form with approval of your lead payroll clerk and return to the Plan at your earliest convenience. **In the case in which your organization must update the authorized lead payroll contact, please have a board authorized signer approve the changes being submitted.**

Agency Name	RAIN ID
Mailing Address	City, State Zip
Physical Address (if different than mailing)	City, State Zip

DIRECTOR/ADMINISTRATOR

Name	Title
Phone #	Email Address

LEAD PAYROLL CONTACT

Name	Title
Phone #	Email Address

Preferred Method of Contact: Email Mail Phone Fax

of Employees: _____ # of 457b Participants: _____

Do you match deferrals or make an employer match: No Yes

If yes, Match details: _____

Although the plan discourages participation restrictions, please list any participation restrictions your employees have:

Payroll Frequency: Monthly Bi-Weekly Weekly Other

How do you currently submit contributions: Electronically Check

REQUIRED SIGNATURE

Lead Payroll Clerk (signature)	Lead Payroll Clerk (print)	Date
Authorized Employer Representative (signature)	Authorized Employer Representative (print)	Date