



DEFERRAL AMOUNT CHANGE FORM
GEBCorp 457(b) Deferred Compensation Plan

Section I

Participant Name: _____ Phone Number: _____

Social Security #: _____ Jurisdiction: _____

Section II

Please change my deferral amount for each pay period to:

☐ I wish to defer the following percentage each payroll period as a 457(b) Plan pre-tax deferral: _____ %
(Whole % only)

☐ I wish to defer the following percentage each payroll period as a Roth 457(b)* Plan deferral: _____ %
**The Roth 457(b) option may not be offered by your plan. Please confirm with your Employer to find out if this option is available.* (Whole % only)

TOTAL: _____ %
(Whole % only)

Section III

Unused PTO Deferral

☐ I wish to defer _____ hours of my unused PTO as a 457(b) Plan pre-tax deferral

☐ I wish to defer \$ _____ of my unused PTO payout as a 457(b) Plan pre-tax deferral

Participant Signature _____ Date _____

**PLEASE GIVE THIS FORM TO YOUR PAYROLL OFFICE SO THEY CAN CHANGE
YOUR DEFERRAL AMOUNT. Do not return this form to GEBCorp.**