

2025 Change Form for Deferred Compensation (457) Contribution

- **This is not an enrollment form.** This is a form to change your contribution amount.
- **You must have an open deferred compensation (457 plan) account(s)** before submitting this form. For a deferred compensation provider list, visit www.pinellas.gov/deferred-comp.
- Employee contribution changes will be effective on the first of the following pay period.
- If you make contributions to more than one provider, **only the change(s) you provide on this form will be made.** All other elections will remain in place.
- You may participate in the 3-Year Catchup if you are within 3 years of your retirement date. You may not participate in the same year as your retirement. There is a maximum 3-year participation period for those who qualify. Participation must be used in consecutive years once begun. The Age 50+ and 3-Year Catchup provisions may not be used in the same year. Contact Benefits for more information.
- Deferred compensation is separate from FRS benefits. Contact your deferred compensation provider for more information.

Name _____ Employee # _____
 Department _____ Effective Date _____ (first of the following pay period)

2025 IRS CONTRIBUTION LIMITS

Annual Maximum	Age 50+ Catch-up	3 Year Catch-up*
\$23,500	Additional \$7,500 (\$31,000 total)	Additional \$23,000 (up to \$46,000 total)

*Please contact Employee Benefits to determine your eligibility for this provision.

CONTRIBUTION ELECTION

Please enter a per pay period contribution amount. Minimum contribution is \$10 per pay period.

Provider	Current Contribution Amount	New Contribution Amount or No Change
Corebridge (VALIC)	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
Empower (MassMutual)	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
MissionSquare (ICMA-RC)	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____
Nationwide	Current \$ _____ OR _____ %	New \$ _____ OR _____ % OR No Change _____

ACKNOWLEDGMENT AND SIGNATURE

- I confirm that I have an account with the deferred compensation vendor(s) selected.
- I acknowledge that it is my responsibility to enroll in the plan(s) of my choice, and this is not an enrollment form. I am solely responsible for any loss of earnings on contributions if I have not enrolled in a plan(s). I authorize my employer to deduct the amount(s) shown above from my pay. My contribution(s) will remain in effect until I change my election.

Signature _____ Date: _____

Submit this form to your Payroll Department to be effective on the first of the following pay period:

- **Board of County Commissioners and Clerk of the Circuit Court:** Submit by email to payroll@mypinellasclerk.org or fax to (727) 464-8360
- **Tax Collector:** Submit by email to pctchradmin@taxcollect.com or fax to (727) 464-3413
- **Supervisor of Elections:** Fax to (727) 453-3058
- **Property Appraiser:** Submit to your designated Payroll staff person
- **Planning Council:** Submit by email to info@ForwardPinellas.org.