



**CITY OF OXNARD**  
**DEFERRED COMPENSATION**  
**PAYROLL AUTHORIZATION**

CHECK APPROPRIATE BOX:

**NEW AUTHORIZATION**

**AMENDMENT TO PREVIOUS AUTHORIZATION**

I HEREBY ELECT TO PARTICIPATE IN THE CITY OF OXNARD'S DEFERRED COMPENSATION PLAN AS FOLLOWS:

**PART A. EMPLOYEE INFORMATION**

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 LAST FOUR DIGIT OF SSN: \_\_\_\_\_ EMPLOYEE ID#: \_\_\_\_\_

**PART B. CONTRIBUTIONS**

AMOUNT OF DEFERRED COMPENSATION CONTRIBUTIONS

INVESTMENT OPTIONS	EMPLOYEE BIWEEKLY CONTRIBUTION	MAXIMUM ANNUAL CONTRIBUTION
TAX-DEFERRED 457 PLAN		X
ROTH 457 PLAN		X
<b>TOTAL</b>		

THE EFFECTIVE DATE OF THIS AUTHORIZATION IS \_\_\_\_\_  
 (Per IRS guidelines, changes are effective the first of the month. Payroll change will be the first paycheck of the month.)

CATCH-UP PROVISION:  YES, 3-YEAR  YES, AGE 50+  NO EXPECTED RETIREMENT DATE \_\_\_\_\_

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MONITOR MY DEFERRALS AND MAKE ADJUSTMENTS TO NOT EXCEED THE MAXIMUM ANNUAL CONTRIBUTION \_\_\_\_\_ (Initial)

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HR REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_