



Commonwealth of Virginia 457 Deferred Compensation Plan Payroll Authorization Form — Instructions for State Agencies Without Online Functionality

Action Requested:

Check the box that describes the action you are authorizing your agency payroll office to take relative to your deferrals to the Commonwealth of Virginia 457 Deferred Compensation Plan. This form must be received by your employer in the month prior to the month in which you want the change to be effective.

General Information:

Provide complete information as requested. If you do not know your **Employee Number**, contact your agency payroll office.

Payroll Information:

- **Effective Pay Date** is the date on which the change you requested will be reflected in your pay. The change can be effective no earlier than the first of the month following the month you submit the form, or the next available pay date if later.
- **Agency** is the name of the employer with whom you qualify to participate in the Commonwealth's 457 Plan.
- **Agency Code** — your agency's payroll office or human resources office can give you this information.
- **Work Location** is where you normally report to work.
- **Current Deferral per Pay** is the amount of your 457 Plan deferral prior to the change you are requesting.
- **New Deferral per Pay** is the amount of deferral you are requesting each pay period beginning on the effective date.

Agency Transfer:

To — Provide the name and agency code of your new employer.

From — Provide the name and agency code of the employer from which you are transferring.

Agency Transfer Only: To ensure that deferrals continue at the level you desire, have this form processed by the payroll office at your new agency before it is sent to ING Plan Administration. The new agency payroll office must indicate the beginning date and ending date of the pay period for which the change will be effective.

NOTICE:

If you wish to use the 457 Standard Catch-Up or the Military Leave Make-Up provision, you must obtain the application online at www.varetire.org (under the Defined Contribution Plans tab). You may also request the application from your employer or by calling a Plan Services Representative at 1-VRS-DC-PLAN1 (1-877-327-5261).

**Employer must fax this form to ING,
the agent of record for the Plan.**

ING Plan Administration
Attn: Virginia Retirement System
P.O. Box 5159
Boston, MA 02206-5159
Phone 1-VRS-DC-PLAN1 (1-877-327-5261)
Fax 1-888-998-8954



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Payroll Authorization Form — State Agencies
Without Online Functionality**

Currently, three State agencies (George Mason University, Virginia Commonwealth University and the University of Virginia) do not allow employees to use the available online functionality to make changes to the amount contributed to the Plan. Employees of those agencies must submit this form to their employer in the month prior to the month they want the change to be effective.

Action Requested:

- Increase Reinstate Agency Transfer
 Decrease Suspend Age 50+ Catch Up

General Information:

Last Name	First Name	Middle Name

Home Address: Number & Street		

City	State	Zip Code
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Social Security Number	Employer Number	Date of Birth (Mo./Day/ Yr.)

Payroll Information:

Effective Pay Date	Agency	Agency Code
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Work Location		Work Phone
\$	\$	\$

Current Contribution per Pay Period	New Contribution per Pay Period	Annual Salary

Agency Transfer:

Name of New Agency	Agency Code

Name of Previous Agency	Agency Code

Agency Transfer Only: to ensure that deferrals continue at the level you desire, have this form processed by the payroll office at your new agency before it is sent to ING Plan Administration. To be completed by New Agency: Transfer will be effective with the pay period beginning _____ and ending _____ .
MM/DD/YY MM/DD/YY

New Agency Payroll Signature	Date	Telephone

Signature:

Participant Signature	Date

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