

# Hall County

## Deferred Compensation 457 Plan

### Change Form

**Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Department:** \_\_\_\_\_

I would like to change my contribution to the deferred compensation (457) plan to \_\_\_\_\_ %.

I would like to cancel my contribution to the deferred compensation (457) plan.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please return completed form to the Hall County Finance office.**

**Please do not use this form to start deferred compensation deductions.  
This form should be used to change an existing deduction.**