

# Nationwide Retirement Solutions (NACO)

Salary Redirection Agreement for Current NACO Participants  
Thurston County 457 Deferred Compensation Plan

Employee Name: \_\_\_\_\_  
(please PRINT)

Social Security Number: \_\_\_\_\_

Current Deferral Amount: \$ \_\_\_\_\_

## **CONTRIBUTIONS**

I hereby authorize and direct my employer to deduct from my gross salary the following dollar amount.

**New Deferral Amount: \$ \_\_\_\_\_**

Catch-Up Dollar Amount \$ \_\_\_\_\_  
(If applicable; contact NACO representative for more information)

**TOTAL NEW PAYROLL DEDUCTION: \$ \_\_\_\_\_**

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Plan Administrator Signature:

\_\_\_\_\_  
Date:

**Return completed forms to human resources.**

\*Note: This form is for deferral changes only. Please contact Shirley Brost at 1-503-756-3734 or customer service at 1-877-677-3678 to makes any other changes to your plan.