

## Empower Deferral Change Request

Please have this form completed and signed and return it to our office. You may **fax the form to (313) 293-3450 or mail to 28 West Adams, Suite 1900, Detroit MI 48226**. Please note that **any changes made to your account may not be reflected in the upcoming payroll**. To ensure the changes take effect for a specific payroll, the completed form **must be received in our office by the Monday of the payroll week** in which you want the changes to occur.

### Information About You

XXX - XX -

Full Name (first, middle, last)

Last Four of Social Security Number

Employee ID Number

Department

Email Address

( ) -  
Daytime Phone Number

### Empower Deferral Type

#### I request the following change in my Empower Deferral Account

Empower 457

Empower Roth

#### Changes to Account

Stop all contributions effective \_\_\_\_\_

Change my Empower deferral from \$ \_\_\_\_\_ per pay to \$ \_\_\_\_\_ effective \_\_\_\_\_

All contribution changes will be effective following the date you submit to your employer, or as soon as administratively possible thereafter.

#### One Time Event

Amount of payout to be deferred \$ \_\_\_\_\_ (Subject to all IRS limits)

#### Reason

Retirement – Sick/Vacation payout – retirement date \_\_\_\_\_

**\*Paperwork must be turned in prior to your last day of employment with Wayne County.**

Sick/Vacation pay down (Sheriffs)

#### Authorization

I certify that the information above is accurate and complete. I authorize Wayne County Employees' Retirement System to process my Empower deferral change request according to the instructions above.

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

\_\_\_\_\_  
Date Signed

#### Office Use Only

Remarks \_\_\_\_\_ Completion Date \_\_\_\_\_