



THE CITY OF
DAVENPORT
IOWA | USA

457 Contribution Form

Effective Date: _____

Unless the election specifies a later effective date, a change in the amount of the annual deferrals shall take effect as of the first day of the next following month, or as soon as administratively possible.

Employee Name: _____

Employee Number: _____ Department: _____

Instructions (mark one):

New Accounts: You must have an open 457 Account with one of the two approved providers. If you have not reached out to a provider and opened an account, your form will not be processed. Details on how to open an account can be found on the intranet or through contacting Human Resources. If you have opened an account, complete this form and submit to Human Resources.

Existing Account Contribution Changes: Completed forms may be submitted to payroll.

Select Provider:

ICMA-RC (Mission Square)

Morgan Stanley (Empower Retirement)

Please list the total amount you would like taken out of each biweekly paycheck:

\$ _____ OR _____ % (whole numbers only)

**TERMINATE
DEDUCTION**

To terminate a current deduction, check box above. Please note that the City's contribution to your 457 will end when your contribution ends.

I authorize the City of Davenport to deduct the above indicated amount from my biweekly paycheck until such time this election is terminated by me, in writing. I understand that these deductions will commence in accordance with the dates established in the City's Deferred Compensation Policy and will be remitted by the City on my behalf to the deferred compensation plan provider that I have specified above. I understand and comply with the City of Davenport Plan Document. I understand that it is my responsibility to ensure deductions are active and to monitor the contributions into my 457 Account.

Employee Signature

Date Signed