

NATIONWIDE

NATIONWIDE 457(B) DEFERRED COMPENSATION PLAN

PULASKI COUNTY GOVERNMENT

EMPLOYER ENTITY NUMBER: 04901,

Authorization Change Form

Employee Name: _____

Social Security Number: _____

Dept Number/Name: _____

Employee Number: _____

CHECK ONE:

 CHANGE

 STOP

	OLD DEFERRAL AMOUNT	NEW DEFERRAL AMOUNT	PAY DATE FOR DEFERRAL CHANGE OR STOP <i>See Note Below</i>	STOP DATE ENTERED BY PAYROLL
Nationwide 457 (b) Deferral				

PLEASE NOTE: The Internal Revenue Code does not allow changes to take effect in the month they are requested.

EMPLOYEE SIGNATURE _____ DATE _____

RETURN THIS FORM TO THE PAYROLL DEPARTMENT.

PULASKI COUNTY ADMINISTRATION BUILDING
201 S. BROADWAY, SUITE 440
LITTLE ROCK, AR 72201
501-340-8388 PHONE
501-340-3502 FAX



403(b) Salary Reduction and 457(b) Deferred Compensation Agreement

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

Your employer sponsors a 403(b) Salary Reduction Arrangement and a 457(b) Deferred Compensation Plan. To participate in both plans, you must complete the information requested below for both plans, even if in the past you completed a similar agreement for one of these plans. This agreement will replace any prior salary reduction and/or salary deferral agreement.

Please indicate to which plan this agreement applies:

403(b) 457(b) Both

Check One:

New Enrollment Contribution Amount Change

EMPLOYER: _____

PARTICIPANT INFORMATION			
Name: _____	SSN: _____		
Address: _____	City: _____	State: _____	ZIP: _____
Date of Birth: _____	Phone: _____	Date of Hire: _____	
Employee # _____	GA #: _____	Present Annual Salary: \$ _____	

2. AGREEMENT/AUTHORIZATION

This agreement is made by and between Employer and Participant. The parties agree to and acknowledge the following:

~~403(b) Salary Reduction~~

~~Participant agrees to Salary Reduction Contributions to the 403(b) plan in the following amount:~~

~~Commencing on _____ Date~~

- ~~A. \$ _____ each pay period, (_____ pay periods per year).~~
- ~~B. _____ % of compensation for each pay period (_____ pay periods per year).~~
- ~~C. \$ _____ each pay period, during the term of employment commencing on _____ and ending on _____ and \$ _____ each pay period thereafter (_____ pay periods per year).~~

~~The frequency with which a 403(b) Salary Reduction Agreement may be entered into or amended, the compensation as to which such agreement applies, and the ability to revoke such agreement shall be determined under the federal income tax rules applicable to qualified cash or deferred arrangements.~~

457(b) Deferred Compensation

Participant agrees to defer the right to receive compensation as follows:

Commencing on _____* Date

- A. \$ _____ each pay period, (26 pay periods per year).
- B. _____ % of compensation for each pay period (_____ pay periods per year).
- C. \$ _____ each pay period, during the term of employment commencing on _____ and ending on _____ and \$ _____ each pay period thereafter (_____ pay periods per year).

*If the commencement date is earlier than the first day of the month following the date of this agreement, such date will be the first day of the month after the date of this agreement.

Participant requests that the Employer invest the funds in an annuity contract meeting the requirements of IRC Section 403(b) or 457(b), as applicable, issued by The Variable Annuity Life Insurance Company.

This agreement shall terminate any prior Salary Reduction or Deferred Compensation Agreement executed between the Employer and the Participant under the Employer's Section 403(b) or 457(b) programs. This agreement shall continue indefinitely until amended or terminated by either party by giving at least thirty (30) days written notice prior to the date of such amendment or termination. If employer elects to cease all salary reduction contributions to its plans, this agreement shall automatically terminate. Unless the Employer's plan or arrangement with you provides otherwise, this agreement shall automatically terminate upon the Participant's separation from service with the Employer.

Participant may only contribute amounts that have not already been paid or made available. Participant agrees and acknowledges that contributions shall not exceed applicable limits under the plan or federal law and that Employer may limit contributions in order to comply with federal law and the plan document, if any, and Participant hereby directs that any contribution in excess of such limits be returned to Participant in accordance with governing legal requirements.

The Participant agrees and acknowledges that contributions under this agreement shall be subject to the provisions of the respective plans and that the Employer may impose its own or additional administrative rules and procedures.

Nothing in this agreement shall be deemed to constitute an employment agreement and nothing contained herein shall be deemed to give the Participant any right to be retained in the employ of the Employer.

Participant Signature: _____ Date: _____ Employer Signature: _____ Date: _____

For customer assistance, contact VALIC at:
P.O. Box 15648, Amarillo, TX 79105-5648,
or call 1-800-448-2542

By: _____
Title: _____

AIG VALIC is the marketing name for the group of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a subsidiary of American International Group, Inc.