MISSION SQUARE 457 DEDUCTION CHANGE FORM

DATE: _____

NAME: _____

1. _____ Please <u>start</u> deduction of _____ % per pay period.

- OR -

2. _____ Please <u>change</u> my deduction to _____ % per pay period.

-   **OR –**

3. _____ Please <u>stop</u> all deductions to my 457 plan.

Signature: _____

Please complete and return to the Payroll Manager in Human Resources.