



# Wayne County Employees' Retirement System

28 West Adams  
Suite 1900  
Detroit, MI 48226  
Phone: 888.600.6033 Fax: 313.224.4883 / 313.224.1917

## Deferred Compensation Change Request Form

### Information About You

Name (First, M.I., Last)			Social Security Number
Employee ID	Department	Daytime Phone Number	Email Address

### Deferred Compensation Provider

I request the following change in my deferred compensation account with:

- AXA - Equitable                       Hartford  
 GC Financial / Midland National       ING

### Changes in Account

- Stop** all contributions effective \_\_\_\_\_
- Change** my deferred compensation contributions from \$ \_\_\_\_\_ per pay to: \$ \_\_\_\_\_, effective \_\_\_\_\_

### One time Rollover / Payoff Request

- Rollover       Payoff                      Amount of rollover / payoff: \$ \_\_\_\_\_

### Reason

- Retirement – Sick/Vacation payout – retirement date \_\_\_\_\_       Severance payout  
 Sick/Vacation pay down (Sheriffs)     Appointees

### Authorization

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

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

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