



## Commonwealth of Virginia 457 Deferred Compensation Plan Payroll Authorization Form – State CIPPS Agency Instructions

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### Action Requested:

Check the box that describes the action you are authorizing your agency payroll office to take relative to your deferrals to the Commonwealth of Virginia 457 Deferred Compensation Plan.

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### General Information:

Provide complete information as requested. If you do not know your **Employee Number** contact your agency payroll office.

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### Payroll Information:

- **Effective Pay Date** is the date on which the change you requested will be reflected in your pay. The change can be effective no earlier than the first of the month following the month you submit the form, on the next available pay date if later
- **Agency** is the name of the employer with whom you qualify to participate in the Commonwealth's 457 Plan.
- **Agency Code** - your agency's payroll office or human resources office can give you this information.
- **Work Location** is where you normally report to work.
- **Current Deferral per Pay** is the amount of your 457 Plan deferral prior to the change you are requesting.
- **New Deferral per Pay** is the amount of deferral you are requesting each pay period beginning on the effective date.

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### Agency Transfer:

**To** - Provide the name and agency code of your new employer.

**From** - Provide the name and agency code of the employer from which you are transferring.

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### Employment Termination Pay:

If the action you are requesting is the deferral of your Termination Pay (Annual, Compensatory and Sick Leave payment) to the Plan, the "Employment Termination Pay" section must be completed and signed by your agency payroll office. Because FICA tax is required to be withheld from your termination pay, the amount deferred to the Plan will be less than the gross amount.

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### NOTICE:

If you wish to use the 457 Standard Catch-Up or the Military Leave Make-Up provision you must obtain the application on-line at [www.vadcp.com](http://www.vadcp.com) (select Plan Information, then Forms). You may also request the application from your employer or from the Great-West Retirement Services Richmond Service Center.

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**Please sign, date and mail this form to:**

Great-West Retirement Services  
1108 E Main Street, Suite 1102  
Richmond, VA 23219  
1-(866) 226-6682 (option 2)/(804) 643-1882

