



**Commonwealth of Virginia 457 Deferred Compensation Plan
Payroll Authorization Form — Agency Transfer**

General Information:

Last Name	First Name	Middle Name
Home Address: Number & Street		
City	State	Zip Code
		/ /
Social Security Number	Employee Number (if applicable)	Date of Birth (Mo./Day/ Yr.)

Payroll Information:

Effective Pay Date	Agency	Agency Number ()
Work Location		Work Phone
\$		\$
Current Deferral to the 457 Deferred Compensation Plan		Annual Salary

Note: Changes to deferral amounts must be made via phone or online. Please call 1-VRS-DC-PLAN1 (1-877-327-5261) to speak to a Customer Service Associate or go to www.varetire.org and select the Defined Contribution Plans tab. You will need your PIN for these changes.

Agency Transfer:

Name of New Agency	Agency Number
Date of Hire with New Agency	
Name of Previous Agency	Agency Number

Agency Transfer Only: to ensure that deferrals continue at the level you desire, have this form processed by the payroll office at your new agency before it is sent to ING Plan Administration. To be completed by New Agency: Transfer will be effective with the pay period beginning MM/DD/YY and ending MM/DD/YY .

New Agency Payroll Signature	Date	Telephone
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Signature:

Participant Signature	Date
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After setup in CIPPS, the new agency will fax this form to ING at 1-888-998-8954.