



the City of Belton

Change form for IAFF Nationwide 457 Plan

Authorization Agreement

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

I hereby authorize the City of Belton to defer _____% or
\$ _____ from my pay each pay period to be
contributed to my IAFF 457 account with Nationwide.

_____ (effective date of change)

I agree not to hold the City of Belton responsible for any delay due to incorrect or incomplete information supplied by me. This agreement will remain in effect until the City of Belton receives a written notice of cancellation, or until I submit a new form to the Payroll Department.

Employee Signature: _____ Date: _____