



457(b) Deferred Compensation Cancellation

Please return this form by one of the following methods:

Mail: Benefits Section
GT-Human Resources
500 Tech Parkway
Atlanta, GA 30332-0435
Fax: (404) 894-6978

Campus Mail: Benefits Section – MC 0435
GT – Human Resources

NAME _____	PAY CYCLE
SSN OR EMPLOYEE ID# (NOT GTID) _____	<input type="checkbox"/> MONTHLY
BEST CONTACT TELEPHONE NUMBER _____	<input type="checkbox"/> BIWEEKLY
DEPARTMENT _____	

I would like 457b deferrals from my paycheck to **stop** on _____, or the earliest date thereafter contingent upon the processing time required by my employer's payroll department and the provisions set forth in Section 457 of the Internal Revenue Code. **Please note that due to IRS law, 457(b) compensation is to be deferred for any calendar month only if an agreement providing for such deferral has been entered before the first day of the month. For example, if the current date is March 5th then the effective date for deferral or cancellation may not be earlier than April 1st.**

Signature _____ Date _____