



Tampa 457(b) Deferred Compensation
DEFERRAL OF SEPARATION PAY

Please turn this form into your Human Resources department.

I hereby request part of my City of Tampa separation pay (annual, sick, longevity) to be deferred to my 457(b) deferred compensation plan administered by the Florida Municipal Pension Trust Fund.

1. Participant Identification Information

Participant's Name: _____ Last four of Social Security No. _____
Street Address: _____ Phone Number: _____
City, State Zip: _____ Birth Date: _____

2. 457(b) Deferral Information

Deferrals in a single calendar year may not exceed IRC Limits:

2023 Normal Contribution: \$22,500

2023 Normal & Age 50+ Catch-up: \$30,000

2023 Special Catch-up: \$45,000 (only if unused deferrals from prior years available – other stipulations apply)

Effective Date: _____

3. 457(b) Deferral Amounts

You may choose to defer your separation pay as a traditional pre-tax 457(b) contribution or a Roth after-tax 457(b) contribution, or a combination of the two.

Amount to be deferred as a traditional pre-tax contribution: _____

Amount to be deferred as a Roth after-tax contribution: _____

4. Participant Certification

Participant Signature

Date