

Memorandum

Return to: Deferred Compensation Plan (DCP)
Division of Retirement and Benefits MS: 0203
P.O. Box 110203
Juneau, AK 99811-0203
Phone: (907) 465-4460 or (800) 821-2251 (toll free)
Fax: (907) 465-3086
Email: doa.drb.dcp@alaska.gov

From (print): _____

Re: **Deferred Compensation to be taken from final check**

☐ Pre-tax ☐ Post-tax (Roth)

Requests must be received by the Division of Retirement and Benefits (DRB) in the month prior to your last day of employment (signed fax or PDF email is adequate).

- ☐ I am terminating State service effective close of business on _____ and wish to have my maximum allowable contribution for Deferred Compensation taken from my final check.
- ☐ I am terminating State service effective close of business on _____ and wish to have \$ _____ of Deferred Compensation taken from my final check.
- ☐ I am terminating State service effective close of business on _____ and wish to have only my terminal leave pay-out contributed to my Deferred Compensation account and taken from my final check. Normal pay included in my final check will be paid to me.

Signature: _____ Date: _____

Social Security Number: _____ Dept #: _____