

COLLEGE of
CHARLESTON

HUMAN RESOURCES

AMOUNT CHANGE FORM
SUPPLEMENTAL RETIREMENT ACCOUNTS

Name: _____

College of Charleston ID# (CWID): _____

Please change the amount of my annuity from \$_____ per paycheck to \$_____ per paycheck effective _____ (date).

Please indicate which SRA plan you would like to change:

SC DEFERRED COMPENSATION – You must make your deferral changes to the 401K, Roth 401K, 457, or Roth 457 through the SC Deferred Compensation “Participant Login” at <https://southcarolinadcp.empower-retirement.com/participant/#/login?accu=SouthCarolina> or by calling Empower’s customer service center at 877.457.6263. Once the College receives the information from SC Deferred Compensation, we will change your deferral amount for payroll.

403b PLAN

TIAA CREF

VALIC Retirement

MassMutual

Metlife

Other:

Signature: _____ Date: _____