

DEFERRAL PERCENTAGE CHANGE FORM

PLAN NAME: _____

Participant Name: _____ **Social Security Number** _____
(Print or type Complete Legal Name First, M.I., Last)

Date of Birth: _____ **Original Date of Hire:** _____ **Date of Rehire (if applicable):** _____

Contribution/Deferral Section

I elect the following percentage or amount of my compensation to be contributed to the plan and hereby authorize my employer to deduct this new amount from each of my future paychecks for deposit into the plan.

Changes to Pretax Salary Deferrals:

- Change Deferral Percentage to 0% immediately
- Previous Deferral Percentage: _____% TO New Deferral Percentage: _____%
- Change to Flat Dollar Amount \$ _____

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#### Changes to Roth 401(k) Salary Reduction (after Tax):

- Change Roth 401(k) Deferral Percentage to 0% immediately
- Previous Roth 401(k) Deferral Percentage: \_\_\_\_\_% TO New Roth 401(k) Deferral Percentage: \_\_\_\_\_%
- Change Roth 401(k) to Flat Dollar Amount \$ \_\_\_\_\_

I understand that I may change this percentage or amount only in accordance with current plan provisions. I have been advised that it may be necessary for the Plan to limit my contribution election. Once money is invested in the Plan, I understand that money will only be available to be withdrawn upon certain circumstances.

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### Signature Section

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Administrator's Signature

\_\_\_\_\_  
Date

Date contribution change will go into effect: \_\_\_\_\_, 20\_\_\_\_  
(To be completed by Plan Administrator)

Plan Administrator's signature is needed to verify the change is at an acceptable time period to change contribution elections and to verify it was/will be given to appropriate personnel in charge of payroll.