

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 am presently a Participant in the 401(k) Plan. As a Participant, I hereby authorize my Employer to change the amount deducted from my Compensation from _____% to _____% or if a dollar amount has been specified from \$_____ to \$_____. I understand that this change will be effective in accordance with the terms of the Plan, as soon as administratively feasible.

I am presently a Participant in the 401(k) Plan. As a Participant, I hereby withdraw my authorization to continue payroll deductions under the Plan. I understand this will be effective as soon as administratively feasible upon proper and timely notice to the Plan Administrator.

I further understand that I may not again authorize payroll deductions until such time as described in the Summary Plan Description.

If payroll deductions are being discontinued because of a Hardship distribution, I may not again authorize payroll deductions for a period specified by the Employer.

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.