

Participant Data Change Form

1 General Participant Information

I am electing to change the following Participant Information Contribution Election Investment Election(s)

Plan Name _____

Current Date _____

Participant Name (Last Name, First Name) _____

Participant Address (Mailing Address, City, State, Zip Code) _____

Phone Number _____

Date of Birth _____

Date of Hire _____

Social Security Number _____

2 Contribution Election or Changes

Traditional Deferrals (Pre-Tax)

I elect to defer \$ _____ or _____ % of my earnings to the retirement plan.

(NOT to exceed current plan/IRS limitations)

Roth Deferrals (Post Tax)

I elect to defer \$ _____ or _____ % of my earnings to the retirement plan.

(NOT to exceed current plan/IRS limitations)

AND/OR

OR

I hereby elect to STOP my contribution to the retirement plan. Effective Date: _____

I hereby elect not to defer to the retirement plan at this time.

3 Investment Election(s)

New Enrollment Allocation (complete section below)

Change My Current Allocation (complete section below)

Investments	% of Reduction	Investments	% of Reduction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	100%	Total	100%

Transfer Funds (Inside the Plan) – If transfer affects future contributions, complete the allocation section above

From Fund _____	_____ %	To Fund _____	_____ %
From Fund _____	_____ %	To Fund _____	_____ %
From Fund _____	_____ %	To Fund _____	_____ %
From Fund _____	_____ %	To Fund _____	_____ %

4 Participant Signature

I hereby authorize the appropriate payroll deduction or stoppage based on the elections indicated above to be effective until changed by me in writing. This replaces any prior elections. I understand that these changes will be coordinated with payroll cycles. I also authorize the contributions to my account to be allocated using the elections above. This replaces any prior elections. I understand that these allocations will be in effect until changed by me in writing. I also understand that it is my responsibility to review my pay records to confirm my employer has properly implemented my salary deferral election. I also have a duty to report any discrepancy between my pay records and this salary deferral agreement. I understand that the Plan Administrator will treat my failure to report any errors in the withholding for any payroll to which this salary reduction agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount that is actually withheld (including zero). I understand that, thereafter, I may modify my salary deferral election consistent with the plan terms.

Signature of Participant _____

Date _____

5 Trustee/Authorized Signer Approval

I, the authorized Plan Representative, certify, under penalties of perjury, that based on the Plan Sponsor's records, the number shown on this form is the correct taxpayer identification number (Social Security Number) of the Participant and that the Participant is a U.S. citizen (including a U.S. Resident Alien). I also certify that the above information is complete and correct.

Signature of Trustee/Authorized Signer _____

Date _____