**401(k) Election Change Request**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACTION REQUESTED:

|  |  |
| --- | --- |
| (  ) Enroll | (  ) Re-enroll |
| (  ) Stop deductions | (  ) Change contribution amount |
| (  ) Terminate participation | . |

**TAX-DEFERRED CONTRIBUTIONS**

I agree to contribute \_\_\_\_\_% or $\_\_\_\_\_\_\_\_\_\_, per pay period effective the first payroll of the following month, not to exceed applicable IRS dollar limits for the calendar year.

**CATCH UP CONTRIBUTIONS** (available for employees age 50 or older by the end of the calendar year)

I agree to contribute an additional catch-up contribution of $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period, not to exceed applicable IRS dollar limits for the calendar year.

I understand that I may change, suspend and resume contributions at such times as described in the terms of the plan and that my salary reduction participation is completely voluntary.

I agree to be bound by the terms of the plan and acknowledge that I have received the summary plan description and have completed a designation of beneficiary form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee signature Date