



Employee Election Change

Retirement Plan

Company Name: _____

Please complete the following accurately with a ballpoint pen; print clearly. The information you provide should be current as of the date the form is completed. All employees who have fulfilled the eligibility requirements to participate in the plan must complete the three sections of the form.

Section I – General Information

_____	_____	_____	_____
Social Security Number	Last Name	First Name	MI
_____	_____	_____	_____
Employee Number (if applicable)	Date of Hire (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)	Sex (M or F)
_____		_____	
Number and Street		Additional Mailing Information	
_____	_____	_____	_____
City	State	Zip	

Section II – Contribution Election

I want to make pre-tax salary deferral contributions to the Plan. I authorize my employer to deduct _____% or \$_____ (limitations may apply, check with your Plan Administrator) of my salary from each paycheck and to credit that amount to pre-tax salary deferral portion of my Account.

I do not wish to contribute to the Plan at this time.

Section III – Signature

Check to make sure that you have completed each section fully. Return this form to your employer.

Your Signature

Date