

# Change of deferral contribution status

Use this form to notify your employer of a change in your deferral rate, suspend your contributions or resume your contributions. Your employer will keep this form to update payroll.

## General information (please print or type)

Employer name \_\_\_\_\_

Plan name \_\_\_\_\_

Employee name \_\_\_\_\_

Employee address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employee phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee birth date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year) Employee hire date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year)

## Suspend

- I want to suspend my participation in the plan and reduce my contributions to zero.  
Please execute this request as soon as administratively possible.

## Resume

- I want to resume my participation in the plan and increase my contributions from zero to \_\_\_\_\_%.  
Please execute this request as soon as administratively possible.

## Change

- I want to change my rate of savings from \_\_\_\_\_% to \_\_\_\_\_%.  
Please execute this request as soon as administratively possible.

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

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