

Employer Name \_\_\_\_\_

**Contribution Change Form**

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Social Security No.	Last Name	First Name	Middle Initial
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Effective, \_\_\_\_\_ please change my future pre-tax salary deferral contributions to the 401(k) Plan to \_\_\_\_\_% or \_\_\_\_\_\$ per pay period.

Effective, \_\_\_\_\_ please change my future Roth salary deferral contributions to the 401(k) Plan to \_\_\_\_\_% or \_\_\_\_\_\$ per pay period.

Effective, \_\_\_\_\_ please discontinue my salary deferral contributions to the 401(k) Plan until further notice.

**Duty to Review Pay Records.** I understand I have a duty to review my pay records (pay stub, direct deposit receipt, etc.) to confirm the Employer has properly implemented my salary deferral election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Contribution Change Form. I understand the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Contribution Change Form applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

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**Participant Signature**

**Date**

Please sign and date and return the original form to your Payroll Human Resource Department. Changes to the rate of deferral will be made pursuant to the terms of the Plan after the receipt of this form.