

# ASI

## PENSION ADMINISTRATION

### 401(k) CHANGE REQUEST FORM

**1. Basic Data**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Company Name \_\_\_\_\_

**2. Change Address To:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**3. Change Contribution Rate:**

\_\_\_\_\_ I want to stop making contributions to the Plan.

\_\_\_\_\_ I want to change my rate of contribution to the Plan to \_\_\_\_\_% of pay.

**4. Change Name To:** \_\_\_\_\_

(If name change is due to marriage or divorce please review your current beneficiary elections).

**5. Changing Beneficiaries**

(If you are married and do not choose to name your spouse as the beneficiary of 100% of your account, your spouse must sign a Waiver Form).

<u>Name</u>	<u>Primary Beneficiary Relationship</u>	<u>Percent</u>
_____	_____	_____
_____	_____	_____

Address \_\_\_\_\_

<u>Name</u>	<u>Contingent Beneficiary Relationship</u>	<u>Percent</u>
_____	_____	_____

Address \_\_\_\_\_

**4. Employee Signature** \_\_\_\_\_

**5. Plan Authorized Signature** \_\_\_\_\_