

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

401(k) CHANGE REQUEST FORM

**BASIC DATA**

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

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**NEW ADDRESS**

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

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

**CHANGE CONTRIBUTION RATE**

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

\_\_\_\_\_ I want to change my rate of Traditional 401(k) (pre-tax) contribution to the Plan to \_\_\_\_\_% of pay.

**CHANGE NAME**

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

**CHANGE OF BENEFICIARY(s)**

(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. If additional beneficiaries need to be listed, please attach a separate sheet.)

**Primary Beneficiary**

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

<u>Address</u>	<u>Phone Number</u>
_____	_____

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

<u>Address</u>	<u>Phone Number</u>
_____	_____

**Contingent Beneficiary**

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

<u>Address</u>	<u>Phone Number</u>
_____	_____

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

<u>Address</u>	<u>Phone Number</u>
_____	_____

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Plan Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_