

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.

____ I want to change my rate of Roth 401(k) (after-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>	Percent
_____	_____	_____

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

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

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

Contingent Beneficiary

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

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

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

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

Employee Signature _____ **Date** _____

Plan Authorized Signature _____ **Date** _____