

401(k) CHANGE REQUEST FORM

**BASIC DATA**

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

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

**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**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Address \_\_\_\_\_

**Contingent Beneficiary**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Percent \_\_\_\_\_

Address \_\_\_\_\_

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

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