



PAYROLL CHANGE FORM

Name: _____ Soc. Sec.#: _____
(Please print)

Date of Birth: _____ Date of Hire: _____

Plan Name: _____

- () I elect to CHANGE my contribution percentage to _____% of my pay each pay period. If the Plan allows for investment direction by the participant, I understand that my contributions will be invested based on my current investment elections.
- () I elect to STOP my contributions to the Plan until further notice.

Employee's Signature

Date

Plan Administrator's Confirmation

This Payroll Change form was received on _____.

Payroll Effective Date: _____

Plan Administrator/Representative