



Contribution/Deferral Change Form

1) Personal Information

Full Name: _____

Date of Birth: _____

Employer: _____

2) Contribution/Elective Deferral Agreement

Limits on Elective Deferrals: Subject to the requirements of the the “Plan”, each Employee who is eligible may set aside a percentage of his or her pay into the Plan. This Elective Deferral Change Form is designed to help document and maintain a record of your election changes, and replace any earlier Elective Deferral Agreements. This Agreement will remain in effect as long as the Employee remains a Participant or until he or she changes or terminates it.

Annual Limit: A Participant’s Elective Deferrals may not exceed the maximum contribution limits as prescribed by the Internal Revenue Service (IRS).

3) Contribution/Elective Deferral Amount & Type (check all that apply): I hereby authorize the Employer to deduct from my wages each pay period the amount(s) specified below.*

Regular (Pre-Tax) 457(b) Contributions
Amount to be deducted from my wages
each pay period:

_____ % or \$ _____

Roth (After-Tax) 457(b) Contributions
Amount to be deducted from my wages
each pay period:

_____ % or \$ _____

I do not wish to make salary deferral contributions at this time.

Please make these changes effective immediately

Please make these changes effective this date: _____.

By signing below, I affirmatively agree to all information described and included in this agreement.

Participant’s Name (Print)

Participant’s Signature

Date



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