

Retirement Savings Contribution Change Form

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID / IDENTIFICATION NUMBER

DEPARTMENT

EFFECTIVE DATE OF CHANGE

CONTRIBUTION ELECTION

Specify the percentage of your eligible compensation or flat dollar amount you wish to contribute per pay period.

Contribution Type	Percentage (%)	Or Flat Dollar Amount (\$)
Pre-Tax (Traditional)	<input type="text"/>	<input type="text"/>
Roth (After-Tax)	<input type="text"/>	<input type="text"/>
Catch-Up Contribution (Age 50 or older)	<input type="text"/>	<input type="text"/>

STOP ALL CONTRIBUTIONS (SUSPEND PARTICIPATION IN THE RETIREMENT PLAN EFFECTIVE THE DATE LISTED ABOVE)

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize my employer to adjust my salary reduction contributions in accordance with the selections indicated above. I understand that these changes will remain in effect until I submit a subsequent change form or terminate employment. I acknowledge that these changes are subject to the terms of the employer-sponsored retirement plan and the limits established by the Internal Revenue Service. I understand that the processing of this change may take up to one to two payroll cycles to become effective.

EMPLOYEE SIGNATURE

DATE

FOR HUMAN RESOURCES / PAYROLL USE ONLY

DATE RECEIVED

PROCESSED PAY PERIOD

PROCESSED BY

SIGNATURE OF ADMINISTRATOR