CONTRIBUTION CHANGE FORM

Company Name

PARTICIPANT INFORMATION

Social Security Number | First Name | MI | Last Name

Address

City | State | Zip Code | + 4

( ) Work Phone Number | ( ) Home Phone Number | Date of Birth

❑ I wish TO CHANGE MY DEFERRAL ELECTION to contribute _____% of my compensation **per paycheck** to the Plan effective _____. *(Please enter a whole number. If discontinuing your contribution, please enter 0%.)*

OR

❑ I wish TO CHANGE MY DEFERRAL ELECTION to contribute $_____ **per paycheck** to the Plan effective _____. (*Please enter a whole dollar amount.)*

I understand that this contribution will remain in force until I complete a new form.

❑ Yes, I hereby authorize the payroll deduction. Signature: _____ Date: _____

❑ No, I wish to discontinue my contribution. Signature: _____ Date: _____

PLAN ADMINISTRATOR USE ONLY

Are you a Dyatech Payroll Services client?

❑ Yes
❑ No

I authorize the above transaction and acknowledge that the information provided herein is complete and accurate.

_____
Signature of Plan Authorized Signer Date

_____
Printed Name of Plan Authorized Signer

Please return this form to:

Your Employer's Payroll Office

For assistance with forms, please contact our Customer Service Dept. at 866-651-4222, ext. 400 or support@dyatech.com.