DYATECH

PERSONAL DATA CHANGE FORM

Plan Name:

ORIGINAL PARTICIPANT INFORMATION

Social Security Number | Date of Birth | Date of Hire

First Name | MI | Last Name

Street Address

City | State | Zip Code | +4

CHANGES TO PERSONAL DATA

Only complete this section if changes to Personal Data have occurred. Enter only the changed information.

Social Security Number | Date of Birth | Date of Hire

First Name | MI | Last Name

Street Address

City | State | Zip Code | +4

PARTICIPANT AUTHORIZATION

Signature of Participant | Date

AUTHORIZED EMPLOYER REPRESENTATIVE USE ONLY

Date of Hire | Date of Termination/Service Change

Date of Birth | Date of Rehire

Enrollment Status: ☐ Active ☐ Retired ☐ Leave of Absence ☐ Deceased ☐ Rehired ☐ Terminated ☐ Disable Permanently

Payroll Status: ☐ Hourly ☐Salaried ☐ Non-resident alien ☐Leased ☐Union

Payroll Frequency: ☐Weekly ☐Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

High Comp Code: ☐ Not HC ☐ 5% Owner ☐ Prior year compensation in excess of $80,000.00

Federal Exemptions:

Key Employee: ☐ Not Key ☐ Officer ☐ 1% Owner ☐ 5% Owner ☐ 10 Largest Owners

Eligibility Status: ☐ Eligible class of employment ☐ Ineligible class of employment

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 fax completed form to 601-914-2329 or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157. For assistance with forms, please contact our Customer Service Dept. at 866-651-4222, ext. 400.