

## 401(K) SALARY REDUCTION CHANGE FORM INSTRUCTIONS

Use the Salary Reduction Change Form when a participant would like to change the amount of his/her 401(k) payroll deduction. If your plan includes the Roth 401(k) feature, use the "401(K) WITH ROTH SALARY REDUCTION CHANGE FORM" - otherwise, use the "401(K) SALARY REDUCTION CHANGE FORM"

The form needs to be completed by your plan's change date (call IBI if you aren't sure of your plan's change dates). The Employer keeps the completed form on file and gives a copy to your payroll company or accountant, if they prepare your payroll. IBI does not need a copy of the form.

If someone would like to change their payroll deduction to \$0, they can do so at any time by completing this form (they do not have to wait until the next change date). However, in order to start payroll deductions again, they will need to complete another Salary Reduction Change Form and turn it in by the next change date.

401(K) SALARY REDUCTION CHANGE FORM

Name of Plan: \_\_\_\_\_

Participant Name: \_\_\_\_\_

401(K) SALARY REDUCTION CHANGE ELECTION

As a participant in the above-mentioned Plan, I understand that the Plan permits me to reduce my compensation. The amount by which I elect to reduce my compensation shall be withheld from my paycheck and paid by my employer into the Plan on my behalf. The Plan permits me to reduce my compensation up to the maximum amount allowed by the Plan Administrator.

In accordance with my rights as a Participant and the provisions of the Plan, I hereby elect to change the amount by which I reduce my pay to:

\$ \_\_\_\_\_ per pay period, or

\_\_\_\_\_ % of my pay per pay period.

This election shall become effective \_\_\_\_\_. This election authorizes my employer to withhold this amount from my paycheck, and shall remain in effect until I revoke this election in writing, or change my salary deferral amount in accordance with a policy established by the Plan Administrator. Any questions regarding this election should be directed to the Plan Administrator.

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant's Signature

401(K) WITH ROTH SALARY REDUCTION CHANGE FORM

Name of Plan: \_\_\_\_\_

Participant Name: \_\_\_\_\_

401(K) SALARY REDUCTION CHANGE ELECTION

As a participant in the above-mentioned Plan, I understand that the Plan permits me to reduce my compensation. The amount by which I elect to reduce my compensation shall be withheld from my paycheck and paid by my employer into the Plan on my behalf. The Plan permits me to reduce my compensation up to the maximum amount allowed by the Plan Administrator.

In accordance with my rights as a Participant and the provisions of the Plan, I hereby elect to change the amount by which I reduce my pay to:

**Traditional 401(k)** (pre-tax payroll deduction):

\_\_\_\_\_ % of my pay **OR** \$ \_\_\_\_\_ per pay period.

**Roth 401(k)** (after-tax payroll deduction):

\_\_\_\_\_ % of my pay **OR** \$ \_\_\_\_\_ per pay period.

This election shall become effective \_\_\_\_\_. This election authorizes my employer to withhold this amount from my paycheck, and shall remain in effect until I revoke this election in writing, or change my salary deferral amount in accordance with a policy established by the Plan Administrator. Any questions regarding this election should be directed to the Plan Administrator.

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant's Signature