

Plan Number: 064114 Company Code: _____

For Housing Authority use ONLY

Social Security#: _____

Employee Name: _____
First, Middle, Last

Your Contribution Election (Deductions are subject to maximum deferral limits.)

I elect to discontinue my pre-tax contributions effective: _____
Month/Day/Year (mm/dd/yyyy)

I elect to change my pre-tax contributions as indicated below effective: _____
Month/Day/Year (mm/dd/yyyy)

I elect to contribute _____ % of my before-tax compensation. (Enter whole %'s only)

Or

\$ _____ Per Pay Period Per Month
(Check One)

NOTE: Catch-up Contributions - You may be eligible to make additional pre-tax contributions if you are age 50 or older and your Plan permits catch-up contributions. If you are interested in making these additional contributions, please contact your Plan Representative at 1-800-798-2044.

Acknowledgment and Signature

Signature of Employee/Participant

Date:

Name of Employer

Signature of Agency Authorized Official

Date:

Agency keep original, employee keep a copy for your records