The nousing Agency Re	etirement Trust 457b Deferred Compe	insation Plan Change Form
Plan Number: 064114 Social Security #:	Company Code	For Housing Authority use ONLY
Social Security #:		
mployee Name: First, Mi	iddle, Last	
,	•	
Your Contribution Election	(Deductions are subject to maximum d	eferral limits.)
l elect to discontinue my pre-t	ax contributions effective:	/
l elect to change my pre-tax co	ontributions as indicated below effective:	
		Month Date Year
l elect to contribute Or \$ ,	% of my before-tax compensation. (Ent	
	ay be eligible to make additional pre-tax contributions are interested in making these additional contributions,	
Acknowledgement and Sign	nature	
Signature of Employee/Participant		Date:
Name of Employer		
Signature of Agency Authorized Officia	l .	Date:
Agend	cy keep <b>original</b> , employee keep a cop	by for your records