Contribution Change Form - 457(b) Deferred Compensation for Employer Use Only

Group Number: 109464	Social Security Number:
Employer: Charles County	Department/ Location:
Plan Name:	
Participant Name: *(Last, First, M.I.)* ☐ Name Change? Please provide documentation	
Mailing Address: ☐ New?	
City:	State: / Zip:
Home Phone:	Work Phone: / Ext:

A. CONTRIBUTION CHANGE- BEFORE-TAX CONTRIBUTIONS

☐ Increase
☐ Decrease
☐ Resume
☐ Suspend

	Employee $ or %		*Employer $ or %*		*Total Contribution*		*Frequency**		*Annual Contribution*
From	$	+		=		x		=	
To	$	+		=		x		=	

* Frequency		
Monthly	=	12
Bi-Weekly	=	26
Semi-Monthly	=	24
Weekly	=	52
Other: ____		

☐ I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

IF YOU ARE UTILIZING THE PRE-RETIREMENT CATCH-UP PROVISION PLEASE COMPLETE A PRE-RETIREMENT CATCH-UP NOTIFICATION AND SUBMIT IT TO MASSMUTUAL.

B. ROTH - AFTER-TAX CONTRIBUTIONS

Only complete this section if your contract includes a Roth contributions feature.

☐ Increase
☐ Decrease
☐ Resume
☐ Suspend

	Employee $ or %		*Frequency**		*Annual Contribution*
From	$	x		=	
To	$	x		=	

* Frequency		
Monthly	=	12
Bi-Weekly	=	26
Semi-Monthly	=	24
Weekly	=	52
Other: ____		

C. EMPLOYEE SIGNATURE

By execution of this document, the Employee authorizes that any Before-Tax Contributions or Roth After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employee Signature _____ Date _____

D. EMPLOYER SIGNATURE

By execution of this document the Employer agrees that any Before-Tax Contributions or Roth After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employer Signature _____ Date _____

Submit this Contribution Change Form to your Employer.

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