



401(K) CONTRIBUTION CHANGE FORM

NAME OF PLAN: The Employer Group Retirement and Savings Plan

NAME OF CLIENT

EMPLOYER: _____

PARTICIPANT INFORMATION:

Name:		Home Phone:	
Address:			
City:		State:	
Zip:		Sex:	Male Female
Social Security Number:			
Date of Birth:		Date of Hire:	

Please change my contribution percentage to _____% (must be a whole percentage) or dollar amount to \$_____ per pay period.

Employee Signature

Date

<i>For The Employer Group Use Only:</i>	
Date Received: _____	By: _____
Date Processed: _____	By: _____