# CHANGE OF CONTRIBUTION FORM

**(Please print or type)**

**PLAN NAME:** _____

**PARTICIPANT INFORMATION**

Name: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

SS# _____ - _____ - _____ Telephone: (_____)_____-_____

**I HEREBY ELECT** to defer compensation to the 401(k) Plan and hereby authorize a payroll deduction of _____ **% OR $** _____ per pay period. I understand that contributions in excess of the legal limitation will not be accepted by the Plan. I also understand that I can change my rate of contribution, in accordance with the terms of the Plan, by completing a new form.

Date: _____ _____
Participant Signature

I authorize the change(s) as stated.

Date: _____ _____
Trustee Signature

Mail to: Benefit Consultants Group
P.O. Box 405
Riverton, NJ 08077-0405

Or Fax to: (856) 824-1890