

Revision Form

PDC Daily - Rev. Mar-10

INSTRUCTIONS: Complete this form when you wish to modify or stop your Retirement Plan contributions. Return the completed form to your employer.

SECTION A – EMPLOYEE DATA (PLEASE PRINT)

Name of Company / Plan (must complete):

Name:

SSN:

Home Phone:

SECTION B – CHANGE OR STOP YOUR FUTURE RETIREMENT PLAN CONTRIBUTIONS (CHECK ONE)

Maximum Deferral: You can defer the lesser of **100%** of your gross compensation per plan year or the maximum dollar amount allowed by the IRS per calendar year. The dollar limit is indexed annually by cost of living adjustments. This limit applies to all elective deferrals by an employee under all cash or deferred arrangements in which the employee participates, including two or more arrangements of two or more unrelated employers.

STOP PLEASE STOP MY CONTRIBUTIONS

Effective: _____ (first day of the next pay period) I request that my Retirement Plan contribution election be revoked. Please refer to the Plan Detail Sheet for your next re-entry date.

CHANGE PLEASE CHANGE MY CONTRIBUTION AMOUNT

Effective: _____ (Please refer to the Plan Detail Sheet) I request that my per pay period Retirement Plan contribution election be amended as follows:

_____ % of **SALARY** or \$ _____

SPECIAL I REQUEST A ONE-TIME CONTRIBUTION

Effective: _____ (Please refer to your Plan Detail Sheet)

_____ % of **SALARY** or \$ _____

SECTION C – CATCH-UP CONTRIBUTION (ONLY APPLICABLE IF AGE 50 OR OLDER AND IF YOUR REGULAR CONTRIBUTIONS HAVE ALREADY REACHED THE MAXIMUM CONTRIBUTION ALLOWED IN SECTION B)

I ELECT TO DEFER ADDITIONAL payroll deductions **PER PAY PERIOD** in the following dollar amount: % _____ of salary or \$ _____ (The maximum dollar amount allowed by the IRS per calendar year)

SECTION D – INVESTMENT DIRECTION

To change your investment directions or to transfer funds, you must call Pension Dynamics Daily Link at 1-800-888-1998 or access our website, www.pensiondynamics.com.

EMPLOYEE AUTHORIZATION

I understand that these changes will be executed upon receipt of this form.

Date:

Employee Signature: