

# Revision Form

PDC Daily - Rev. May - 10

**INSTRUCTIONS:** Complete this form when you wish to modify or stop your 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 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 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 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 amount: % \_\_\_\_\_ of salary or \$ \_\_\_\_\_ (Up to 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](http://www.pensiondynamics.com).

## EMPLOYEE AUTHORIZATION

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

## SIGNATURE AND DATE REQUIRED

Participant Signature

X

Date