

**Section A: Employer Information**

**Contribution Change Form**

Employer Name

Contract/Account No.

**PE61743**

Affiliate No.

**00001**

Division No.

**LKZH**

**Section B: Participant Information**

Social Security No.

Date of Birth

(MM-DD-YYYY)

First Name/Middle  
Initial

Last Name

Mailing Address

State

Zip code

City

E-mail

Phone No./Ext.

Date of Hire  
(MM-DD-YYYY)

Marital Status

☐

Married

☐

Single/Divorced

Gender

☐

Male

☐

Female

**Section C: Contributions (By law, any election will not be effective until the following month, except if completed on the first day of employment or earlier.)**

☐ 457(b) – I elect to reduce my eligible compensation by \_\_\_\_\_% or \$\_\_\_\_\_ each pay period as a Pre-tax salary deferral contribution. (Deferral may be up to the maximum allowed by law.)

☐ Roth 457 – I elect to reduce my eligible compensation by \_\_\_\_\_% or \$\_\_\_\_\_ each pay period as a Roth deferral contribution. (Deferral may be up to the maximum allowed by law.)

X

Participant Signature

Date