

# 401(k) Change Form

National Benefit Services, LLC

COMPANY NAME: \_\_\_\_\_

Please complete the following accurately. Print clearly. The information you provide should be current. All employees who have fulfilled the eligibility requirements to participate in the plan must complete all sections of the form.

## **STEP ONE: FILL IN YOUR PERSONAL INFORMATION**

Mark if address has changed

Social Security

Number: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ MI

Address: \_\_\_\_\_

\_\_\_\_\_ Street Apt#/PO Box

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Sex (M or F)

\_\_\_\_\_  
Marital Status

## **STEP TWO: CHANGE OF ELECTION PERCENTAGE**

### **PRE-TAX CONTRIBUTION ELECTION**

I elect to **CHANGE** my contribution to the retirement plan to \_\_\_\_\_ % of compensation per pay period on a pre-tax basis.

I elect to **STOP** my contribution to the retirement plan at this time. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
I understand that if I discontinue participation, I must wait until the next available enrollment date. Although I elect not to save through payroll deduction, I understand my employer may elect to contribute a discretionary contribution to the Plan in my behalf.

**CHANGES TO YOUR INVESTMENT ALLOCATION AND FUND TRANSFERS ARE MADE BY CALLING INQUIRE 1-800-772-2182, OR ON THE WEB AT WWW.NATIONWIDE.COM**

## **STEP THREE: SIGN AND DATE**

Please return the completed form to HUMAN RESOURCE REPRESENTATIVE.

Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_