

**DEFERRED COMPENSATION  
PLAN CHANGE FORM**

|                     |             |                                |
|---------------------|-------------|--------------------------------|
| NAME OF PARTICIPANT |             | SOCIAL SECURITY NUMBER         |
| NAME OF EMPLOYER    | PHONE: RES: | BILLING GROUP                  |
| DEPARTMENT          | PHONE: BUS: | EMPLOYEE # (City Of Mpls Only) |
| EMAIL ADDRESS       |             |                                |

TYPE OF CHANGE REQUESTED:

*Pre-Tax 457*

*Roth 457*

\_\_ **CHANGE** contribution to .....\$ \_\_\_\_\_ \$ \_\_\_\_\_ Effective \_\_\_\_\_

\_\_ **RESTART** contribution at .....\$ \_\_\_\_\_ \$ \_\_\_\_\_ Effective \_\_\_\_\_

\_\_ **STOP** contribution: (check box)..... \_\_\_\_\_ Effective \_\_\_\_\_

\_\_ **SEVERANCE PAY** contribution: .....\$ \_\_\_\_\_ Effective \_\_\_\_\_

**CATCH-UP - ELECTION (Select only one) Date of Hire:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

\_\_\_\_\_ For purposes of using the catch up provision available for participants for the *three years* prior to the year of attainment of normal retirement age, I hereby elect a normal retirement age of \_\_\_\_\_ and elect to use catch up for the calendar year periods beginning January \_\_\_\_\_ and ending December \_\_\_\_\_. I understand that this catch-up election may be made only one time and that this catch-up is only available to the extent of any under utilized prior year deferrals.

\_\_\_\_\_ I have attained or will attain *age 50* this year. I elect to use the catch-up provision available for participants age 50 and older.

\_\_ Change **NAME** to: \_\_\_\_\_  
(Include proof of change, ie: copy of marriage certificate, drivers' license)

\_\_ Change **ADDRESS** to: \_\_\_\_\_ Zip \_\_\_\_\_

\_\_ Change **PRIMARY BENEFICIARY** to: \_\_\_\_\_ Name \_\_\_\_\_

\_\_ Change **CONTINGENT BENEFICIARY** to: \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE SIGN AND DATE -- THANK YOU**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

\* Participant's Signature

Date

Registered Representative