

# Contribution Change Form - 457(b)

## Section A - Plan and Participant Information

|   |      |          |                      |  |
|---|------|----------|----------------------|--|
| Group No.                                     | SSN  | Employer |                      |  |
| Participant Name (Last, First, M.I.)          |      |          | Daytime Phone Number |  |
| Mailing Address <input type="checkbox"/> New? | City | State    | Zip Code             |  |

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter.

## Section B - Contribution Change - Before-Tax Contributions

| <input type="checkbox"/> Increase  | Employee \$ or %           | Employer \$ or %       | Total Contribution     | Frequency*             | Annual Contribution    |
|--|----------------------------|------------------------|------------------------|------------------------|------------------------|
| <input type="checkbox"/> Decrease  | From: <input type="text"/> | + <input type="text"/> | = <input type="text"/> | X <input type="text"/> | = <input type="text"/> |
| <input type="checkbox"/> Resume (Indicate To: \$ or %)   | To: <input type="text"/>   | + <input type="text"/> | = <input type="text"/> | X <input type="text"/> | = <input type="text"/> |
| <input type="checkbox"/> Suspend (Bring my Employee Before-Tax Contributions to 0 \$ or % as soon as administratively possible.) |                            |                        |                        |                        |                        |

\*Frequency  
 Monthly = 12      Bi-Weekly = 26  
 Semi-Monthly = 24      Weekly = 52  
 Other: \_\_\_\_\_  
 Please select the Frequency that coincides with your payroll frequency.

## Section C - Roth Contributions

| <input type="checkbox"/> Increase   | Employee \$ or %           | Frequency*             | Annual Contribution    |
|---|----------------------------|------------------------|------------------------|
| <input type="checkbox"/> Decrease   | From: <input type="text"/> | X <input type="text"/> | = <input type="text"/> |
| <input type="checkbox"/> Resume (Indicate To: \$ or %)  | To: <input type="text"/>   | X <input type="text"/> | = <input type="text"/> |
| <input type="checkbox"/> Suspend (Bring my Roth Contributions to 0 \$ or % as soon as administratively possible.) |                            |                        |                        |

\*Frequency  
 Monthly = 12      Bi-Weekly = 26  
 Semi-Monthly = 24      Weekly = 52  
 Other: \_\_\_\_\_  
 Please select the Frequency that coincides with your payroll frequency.

## Section D - Catch-up Contributions

I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

**IF YOU ARE UTILIZING THE PRE-RETIREMENT CATCH-UP PROVISION PLEASE COMPLETE A SPECIAL PRE-RETIREMENT CATCH-UP NOTIFICATION AND SUBMIT IT TO MASSMUTUAL.**

Important Note: The special pre-retirement catch-up and the age 50+ catch-up cannot be utilized at the same time. You may utilize whichever catch-up lets you defer the greater amount.

## Section E - Employee Signature

By execution of this document, the Employee authorizes that any Before-Tax Contributions or Roth Contributions indicated above will be deducted from your compensation. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Section F - Employer Signature

By execution of this document the Employer agrees that any Before-Tax Contributions or Roth Contributions indicated above be made by reducing the the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Submit this Contribution Change Form to your Employer.