



CHRISTIAN BROTHERS SERVICES

403(b) Retirement Savings Plan

Plan # 093264

DEFERRAL CHANGE FORM

Section A: Employee Information

Plan Name:

Name: **Soc. Sec. #:**

Address: **Birth Date:**

City, State, Zip:

Location Code:

Section B: Change in Contribution Amounts

% Deferral _____ (indicate from 1% to 100% in whole %'s or _____ fixed whole dollar amount)

I do not wish to participate in the Christian Brothers Retirement Savings Plan.

I wish to suspend my contributions to the Plan.

Note: Refer to Summary Plan Description (SPD) for contribution limits and restrictions on changing contributions.

Section C: Signature

Employee's Signature: _____ Date: _____

Reviewed by Employer: _____ Date: _____

Effective Date (to be completed by Employer): _____

Return this form to your Employer's Human Resources Department.

Attention HR Department: Please keep this form for your records. Christian Brothers Services does not need a copy.