401 (K) PLAN
CHANGE FORM

1.	PERSONAL INFORMATION

Name: Social Security #

Last First M.I.

Address:

Street or P.O. City State Zip Code

Date of Birth: Single ☐ Married ☐ Date of Hire:

2.	CONTRIBUTION ELECTION

Please indicate what percentage (whole percents between 0% and 16% that you elect to defer from your weekly Compensation: _____

3.	TO CHANGE YOUR INVESTMENT FUND ELECTIONS CALL MERRILL LYNCH AT 1(800)228-4015.

4.	BENEFICIARY DESIGNATION

I name the following person(s) as my beneficiary(ies) to receive the value of my account upon my death.

Name	Relationship	To Receive This Percent of My Account
		%
		%
		%
		Must Total 100%

If you are married **AND**

1) you name a beneficiary other than your spouse, **OR**

2) you wish to consider alternative forms of death benefit payment to your spouse,

you must complete the *Election to Waive Pre-Retirement Survivor Annuity Form* obtaining your spouse's written consent. The form must be witnessed by a Notary Public.

5.	YOUR AUTHORIZATION

I hereby elect to change the 401(K) Plan as indicated in #2 above. I authorize the necessary payroll deductions. I understand these elections will remain in effect until I change them using the appropriate form in accordance with Plan procedures. I understand that it is my responsibility to review my earnings and/or investment statement to confirm that my investment changes have been implemented.

Your Signature **Date** **Phone Number**

For Employee Benefits Use Only

Authorized Signature Title Date Effective Date