

# Contribution Change Form - 403(b)

Employer: \_\_\_\_\_

Employee:

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:  New? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## A. CONTRIBUTION CHANGE - BEFORE-TAX CONTRIBUTIONS

<input type="checkbox"/> Increase		Employee \$ or %	Employer \$ or %	Total	Frequency*	Annual Contribution
<input type="checkbox"/> Decrease	From	Contribution		=		=
<input type="checkbox"/> Resume						
<input type="checkbox"/> Suspend	To			=		=

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	_____

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.)

**IF YOU ARE ELIGIBLE FOR AND UTILIZING THE SPECIAL HIGHER "15 YEAR RULE" DEFERRAL PLEASE COMPLETE A 15 YEAR RULE NOTIFICATION AND SUBMIT IT TO MASSMUTUAL.**

## B. ROTH - AFTER-TAX CONTRIBUTIONS

Only complete this section if your contract includes a Roth contributions feature.

<input type="checkbox"/> Increase		Employee \$ or %	Frequency*	Annual Contribution
<input type="checkbox"/> Decrease	From	\$	x	=
<input type="checkbox"/> Resume				
<input type="checkbox"/> Suspend	To	\$	x	=

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	_____

## C. EMPLOYEE SIGNATURE

By execution of this document, the Employee authorizes that any Before-Tax Contributions or Roth After-Tax Contributions indicated above be made by reducing 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.

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

## D. EMPLOYER SIGNATURE

By execution of this document, the Employer agrees that any Before-Tax Contributions or Roth After-Tax contributions indicated above be made by reducing 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.**