



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): _____

This form is not effective unless signed by the Participant And their Employer and returned to Christian Brothers Services.

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

The Human Resources Department should forward the completed form to Christian Brothers Retirement Planning Services.