



**CHRISTIAN BROTHERS SERVICES**

**403(b) Retirement Savings Plan**

**Plan # 093264**

**DEFERRAL CHANGE FORM**

**Section A: Employee Information**

**Plan Name:** CHRISTIAN BROTHERS RETIREMENT 403(b) SAVINGS PLAN (093264)

**Name:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Location Code:** \_\_\_\_\_

**Section B: Change in Contribution Amounts**

% Deferral \_\_\_\_\_ (indicate from 1% to 100% 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.