

Client Name: _____

CHANGE IN PAYROLL WITHHOLDING FORM

Name of
Employee: _____

Address: _____

Social Security No.: _____

- I wish to have a portion of my salary deferred each pay period to the above-noted plan.
- I do not wish to have any of my salary deferred to the above-noted plan.

Please reduce my salary by \$_____ (amount) or _____% each pay period.

Effective as of _____ .

Date

Employee Signature

EMPLOYEES PLEASE NOTE:

- The monies you defer from your paycheck to the Employee Deferral account are not taxable until withdrawal from the trust.
- All the money you defer into the Employee Deferral account is 100% vested at all times.