

REQUEST FOR ADJUSTMENT TO "457" PLAN
BDA/ADMINISTRATORS

EFFECTIVE DATE: _____

PARTICIPANT: _____

COMPANY: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYER: _____

I AM REQUESTING THE FOLLOWING CHANGE TO THE ORIGINAL SALARY
REDUCTION FORM: (PLEASE MARK ONE)

_____: INCREASE MONTHLY FROM \$ _____ TO \$ _____

_____: DECREASE MONTHLY FROM \$ _____ TO \$ _____

_____: CANCEL MONTHLY REDUCTION-TEMPORARILY UNTIL _____

_____: CANCEL MONTHLY REDUCTION-PERMANENT/EMPLOYEE REQUEST

_____: CANCEL MONTHLY REDUCTION-EMPLOYEE DECEASED

_____: CANCEL MONTHLY REDUCTION-EMPLOYEE LEFT OUR EMPLOYMENT

NEW MAILING ADDRESS: _____

SIGNATURE _____ DATE _____

ORIGINAL TO BDA