

DEFERRED COMPENSATION  
PLAN CHANGE FORM

NAME OF PARTICIPANT		SOCIAL SECURITY NUMBER
NAME OF EMPLOYER	PHONE: RES:	BILLING GROUP VK0036
DEPARTMENT	PHONE: BUS:	EMPLOYEE # (City Of Mpls Only)

TYPE OF CHANGE REQUESTED:

   **INCREASE** contribution From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ EFF. \_\_\_\_\_

   **DECREASE** contribution From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ EFF. \_\_\_\_\_

   **RESTART** contribution per pay day: ..... \$ \_\_\_\_\_ EFF. \_\_\_\_\_

   **STOP** contribution:..... EFF. \_\_\_\_\_

   **SEVERANCE PAY** contribution: ..... \$ \_\_\_\_\_ EFF. \_\_\_\_\_

**CATCH-UP - ELECTION (Select only one) Date of Hire: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_**

\_\_\_\_\_ For purposes of using the catch up provision available for participants for the three yrs prior to the year of attainment of normal retirement age, I hereby elect a normal retirement age of \_\_\_\_\_ and elect to use catch up for the calendar year periods beginning January \_\_\_\_\_ and ending December \_\_\_\_\_. I understand that this catch-up election may be made only one time and that this catch-up is only available to the extent of any under utilized prior year deferrals.

\_\_\_\_\_ I have attained or will attain age 50 this year. I elect to use the catch-up provision available for participants age 50 and older.

   Change **NAME** to: \_\_\_\_\_  
(Include proof of change, ie: copy of marriage certificate, drivers license)

   Change **ADDRESS** to: \_\_\_\_\_ Zip \_\_\_\_\_

<u>  </u> Change <b>PRIMARY BENEFICIARY</b> to:	<u>  </u> Change <b>CONTINGENT BENEFICIARY</b> to:
Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

**PLEASE SIGN AND DATE -- THANK YOU**

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Participant's Signature

Date

Registered Representative