401 PLAN CONTRIBUTION AMOUNT CHANGE FORM

To the Employer: ICMA-RC provides this form for your convenience. You do NOT have to use it if you prefer your own internal method for employees to request changes in their payroll deduction amount.

To the Employee: Use this form to make changes to the amount of your ICMA-RC 401(a) or 401(k) plan contribution.

Once you have completed this form, please submit it **directly to your employer** for payroll deduction updates.

You should have already established an ICMA-RC Money Purchase or Profit-Sharing Plan account. **If not, please be sure to complete the appropriate enrollment form** and promptly return it to your employer. The enrollment form must be completed and submitted **before** contributions can start.

Employee Name: _____ Employee ID or SSN: _____

Employer Name: _____ State: _____

I authorize my employer to deduct (check all that apply):

❒ **Voluntary after-tax** deferrals of _____% or $_____ from my pay each pay period.

(NOTE: The following additional options are available to 401(k) plans only.)

❒ **Elective pre-tax** deferrals of_____% or $_____ from my pay each pay period.

❒ **Roth** deferrals* of_____% or $_____ from my pay each pay period.
(*NOT available to all plans. Check with your employer or ICMA-RC for availability.)

❒ "**Age 50" catch-up** contributions**. As an individual who is, or will be, over age 50 by December 31 of this year, I also authorize my employer to deduct additional deferrals of _____% or $_____ from my pay each pay period. The additional amount shall be contributed as (check one option):

❒ Elective pre-tax (default) ❒ Roth*
(*NOT available to all plans. Check with your employer or ICMA-RC for availability.)

***Note to employers: This item is provided to allow you to separately track "Age 50" catch-up contributions for purposes of contribution limit testing.*

Change to be effective on ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

_____ _____
Employee Signature **Date**

_____ _____
Employer Signature **Date**

Note: Please do not forward a copy of this form to ICMA-RC. This form is for employer use only.