

# Participant Data Change

Change of:     Personal Data     Salary Deferral     Beneficiary

## Section A - General Information

Plan Name (Employer)				
Participant Name (Last Name, First Name, Middle Initial)	Social Security Number	Effective Date	Month	Day
				Year

## Section B - Personal Data to be changed / corrected. Complete only information to be changed / corrected.

Participant Name (Last Name, First Name, Middle Initial)				Date of Birth	Month	Day	Year
Street Address				Date of Employment	Month	Day	Year
City	State	Zip	Participant Status	Normal Date of Retirement	Month	Day	Year
				<input type="checkbox"/> Active <input type="checkbox"/> Inactive			

The information in Sections C and D are solely for the benefit of the Plan Administrator.  
 This information shall not be acted upon by Devlin & Hale Associates, Inc.  
 Please report any change to this information directly to the Plan Administrator at your company.

## Section C - Ongoing Contribution Instructions

**Traditional 401(k)**  
 I elect to defer  or  from my salary / wages per period as ongoing contributions (Not to exceed current Plan and / or IRS limitations. (Change will be effective for the first payroll period following the next change date).

**AND/OR** (if applicable)

**Roth 401(k)**  
 I elect to defer  or  from my salary / wages per period as ongoing contributions (Not to exceed current Plan and / or IRS limitations. (Change will be effective for the first payroll period following the next change date).

I elect **not** to defer at this time. Complete Section E (change will be effective next pay period).

## Section D - Beneficiary Designation

**Married Participant**    I understand that I must elect my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please see your Plan Administrator for a Spousal Consent Form if naming a Primary Beneficiary other than your spouse.)

**Unmarried Participant**    I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

I understand that if I outlive my Primary Beneficiary(ies), benefits will be paid in accordance to the plan document on my death unless I designate a Contingent Beneficiary(ies). For additional space, please attach a separate page providing all designation information and the percentage share for each.

### Primary Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Month	Day	Year	Relationship to Participant	Share
Street Address			City		State	Zip	

### Contingent Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Month	Day	Year	Relationship to Participant	Share
Street Address			City		State	Zip	

## Section E - Signature

Signature of Participant	Signed at City	State	on	Month	Day	Year
--------------------------	----------------	-------	----	-------	-----	------