

Contribution Change Form - 403(b)

Employer: _____

Employee:

Name: _____ SSN _____ Date of Birth: _____

Address: New? _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

A. CONTRIBUTION CHANGE - BEFORE-TAX CONTRIBUTIONS

	Employee \$ or % Contribution	Employer \$ or %	Total	Frequency*	Annual Contribution
<input type="checkbox"/> Increase					
<input type="checkbox"/> Decrease					
<input type="checkbox"/> Resume					
<input type="checkbox"/> Suspend					

From _____ + _____ = _____ x _____ = _____

To _____ + _____ = _____ x _____ = _____

* Frequency	
Semi-Monthly =	24
9-Month =	18

I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective.)

IF YOU ARE ELIGIBLE FOR AND UTILIZING THE SPECIAL HIGHER "15 YEAR RULE" DEFERRAL PLEASE COMPLETE A 15 YEAR RULE NOTIFICATION AND SUBMIT IT TO MASSMUTUAL.

B. EMPLOYEE SIGNATURE

By execution of this document, the Employee authorizes that any Before-Tax Contributions or Roth After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employee Signature Date

C. EMPLOYER SIGNATURE

By execution of this document, the Employer agrees that any Before-Tax Contributions or Roth After-Tax contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employer Signature Date

Submit this Contribution Change Form to your Employer.