RETIREMENT PLAN
PARTICIPANT CHANGE FORM

PLAN NAME: _____ **TODAY'S DATE:** _____

EMPLOYEE NAME: _____ **SOCIAL SECURITY #:** _____
Last First

New Name/Address: _____

I elect to defer _____% or $_____ of my salary/wages each payroll period (not to exceed current plan and/or IRS limitations).

INVESTMENT CHANGES:

To transfer money from one fund to another, complete TRANSFER SECTION
(example: move 50% of the bond fund to the stock fund or move $500 from stock fund to bond fund).

To change your entire current balance or change your allocation percents for new contributions, complete ALLOCATIONS SECTION
(example: I want all my future deposits to go 100% to the stock fund or I want my current balance moved to the bond fund).

TRANSFER SECTION:

Transfer _____% OR $_____ FROM _____ TO _____
Transfer _____% OR $_____ FROM _____ TO _____
Transfer _____% OR $_____ FROM _____ TO _____
Transfer _____% OR $_____ FROM _____ TO _____
Transfer _____% OR $_____ FROM _____ TO _____
Transfer _____% OR $_____ FROM _____ TO _____
Transfer _____% OR $_____ FROM _____ TO _____

ALLOCATIONS SECTION:

Change current balance **AND** future contributions	Change current balance only	Change future contributions only
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %
____ %	$_____ OR ___% to	____ %

_____ _____ _____
Participant Signature **Date** **Phone Number**

Send this form to: Retirement Planners & Administrators, Inc. 7639 Leesburg Pike ° Falls Church, VA 22043-2520
Phone: (703) 893-7322 Fax: (703) 893-7325
YOU MUST ALSO GIVE A COPY OF THIS FORM TO YOUR COMPANY'S RETIREMENT PLAN SUPERVISOR

OFFICE USE ONLY! Received: _____ time: _____ Trade Date: _____ By: _____