



## Change of Deferral Contribution Status

Use this form to notify your employer of a change in your deferral rate, suspend your contributions or resume your contributions. Your employer will keep this form to update payroll.

### General Information

Employer name \_\_\_\_\_

Plan name \_\_\_\_\_

Employee name \_\_\_\_\_

Employee address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Social Security number \_\_\_\_\_ Employee phone number \_\_\_\_\_

Employee birth date (mm/dd/year) \_\_\_\_\_ Employee hire date (mm/dd/year) \_\_\_\_\_

### Suspend

I want to reduce my contributions to zero. Please execute this request as soon as administratively possible.

### Resume

Employee Salary Deferral  
I want to resume my participation in the plan and increase my Employee Salary Deferral contributions from zero to \_\_\_\_\_ % or \$\_\_\_\_\_. Please execute this request as soon as administratively possible.

Roth  
I want to resume my participation in the plan and increase my Roth contributions from zero to \_\_\_\_\_ % or \$\_\_\_\_\_. Please execute this request as soon as administratively possible.

### Change

Employee Salary Deferral  
I want to change my Employee Salary Deferral contribution rate to \_\_\_\_\_ % or \$\_\_\_\_\_. Please execute this request as soon as administratively possible.

Roth  
I want to change my Roth contribution rate to \_\_\_\_\_ % or \$\_\_\_\_\_. Please execute this request as soon as administratively possible.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Access your retirement plan information via:

- WebAccess, 24/7 - <https://www.axispeo.com>
- We're here to help [support@axispeo.com](mailto:support@axispeo.com)
- Mon-Fri 10am to 6pm +1 404 527 6200

You may use any of the above services to change the allocation of your future contributions or your existing account balance.