

Participant Change Form

2023 Plan Year

Please complete this change form and return it to your Human Resources Department so they can forward on to the Payroll Company.

Date: ____/____/____

Plan Name: _____

Case Number: _____

Social Security #: _____

Last: _____

First: _____

Address: _____

City: _____

State: _____ ZIP: _____

Change of Deferral Contribution: (Maximum \$22,500 for 2023 Plan Year with an additional \$7,500 catch-up if you are over the age of 50)

I want to make pre-tax deferral contributions to the plan. I authorize my employer to deduct ____% or \$_____ per pay period.

Change of ROTH Deferral Contribution: I want to make post-tax deferral contributions to the plan. I authorize my employer to deduct ____% or \$_____. (Be sure to confirm the plan allows Roth contributions.)

Change of Contribution: I **do not** want to participate in the plan at this time, or I wish to stop making contributions to the plan. (*Internal office use only*)

Change of Address _____

Change of Name _____

Employee Signature: _____ Date: _____



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