401(k) PARTICIPANT DEFERRAL CONTRIBUTION CHANGE



Please deliver to your Employer. Do not send to Voya.	
1. PLAN INFORMATION	
Name of Employer's Plan	
2. PARTICIPANT INFORMATION	
Employee Name	SSN (Required)
3. DEFERRAL CONTRIBUTION CHANGE	
Beginning on, or with the next payroll p	period, I wish to change my contribution amount to:
Traditional (Pre-Tax) 401(k)% of my compensation	sation.
Post Tax% of my compensation.	
Roth (After-Tax) 401(k)% of my compensation	ın.
Please Note: If electing Post Tax or Roth (After-Tax) contri	ibution amount changes, the option must be permitted by the Plan.
4. CATCH-UP CONTRIBUTION	
I am 50 years of age or older and elect to contribute an a the catch-up provision.	additional amount of \$ each pay period under
5. SIGNATURE	
Employee Signature	Date (mm/dd/yyyy)