Contribution Change Form - 457(b) Section A - Plan and Participant Information Group No Social Security Number Employer Participant Name (Last, First, M.I.) Daytime Phone Number City State Zip Code Mailing Address New? All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter. Section B - Contribution Change - Before-Tax Contributions Employer \$ or % Employee \$ or % Annual Contribution Increase **Total Contribution** Frequency\* Decrease From: Χ = Resume (Indicate To: \$ or %) To: = Χ = \*Freguency Monthly = 12Bi-Weekly = 26 Suspend (Bring my Employee Before-Tax Contributions to 0 \$ or % as soon as administratively possible.) Semi-Monthly = 24 Weekly = 52 Other: Please select the Frequency that coincides with your payroll frequency. **Section C - Roth Contributions** Employee \$ or % Increase Frequency\* Annual Contribution ☐ Decrease = From: Χ \*Frequency Bi-Weekly = 26 Monthly = 12Χ = Semi-Monthly = 24 Resume (Indicate To: \$ or %) To: Weekly = 52 Other: Please select the Frequency that Suspend (Bring my Roth Contributions to 0 \$ or % as soon as administratively possible.) coincides with your payroll frequency. **Section D - Catch-up Contributions** 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. This provision is only available where the plan is sponsored by a governmental employer.) IF YOU ARE UTILIZING THE PRE-RETIREMENT CATCH-UP PROVISION PLEASE COMPLETE A SPECIAL PRE-RETIREMENT CATCH-**UP NOTIFICATION AND SUBMIT IT TO MASSMUTUAL RETIREMENT SERVICES.** Important Note: The special pre-retirement catch-up and the age 50+ catch-up cannot be utilized at the same time. You may utilize whichever catchup lets you defer the greater amount. Section E - Employee Signature By execution of this document, the Employee authorizes that any Before-Tax Contributions or Roth Contributions indicated above will be deducted from your compensation. 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 Section F - Employer Signature By execution of this document the Employer agrees that any Before-Tax Contributions or Roth Contributions indicated above be made by reducing the 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.

Submit this Contribution Change Form to your Employer.

Date

**Employer Signature**