

401(k) PARTICIPANT CHANGE FORM

Enterprising Solutions, Inc. dba Sunwest Employer Services Employee Savings & Retirement Plan Contract# 380-80123

Participant Name _____

Participant Social Security Number _____

1. CONTRIBUTION ELECTION (Payroll Deduction) CHANGE

Contributions may be discontinued at any time. Contribution percentages may be changed (increased or decreased) during quarterly open enrollment periods only.

- In accordance with the provisions of the Plan, I elect to change my contribution to _____ % (whole percentages only) per pay period.
- I elect to discontinue contributions at this time.

2. NAME CHANGE

Current Name: _____
Last First Middle Initial

New Name: _____
Last First Middle Initial

3. ADDRESS CHANGE

New Address: _____

4. SOCIAL SECURITY NUMBER CHANGE

Previous Social Security Number: _____

New Social Security Number: _____

Participant Signature Date ____/____/____

Plan Administrator Signature Date ____/____/____