



# 401(k) PARTICIPANT CHANGE FORM

Enterprising Solutions, Inc. dba Sunwest Employer Services & Retirement Plan

Contract# 605100

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_