

401k One-Time Deferral

Payroll Authorization

Employee Na	me:	
Social Security Number:		
Worksite Emp	oloyer:	
•	this letter as my request to change my current by applicable 401(k) employer contributions for us) payroll.	
from 1% to 9!	e my Elective Contribution in the amount of 5%) or \$(dollar amount) deducted o :/(enter check date).	
	this is a one-time request for this specific payrol contributions will resume immediately after thi cessed.	
•	orize my Employer to defer all or a portion of montributions in accordance with my election indic	•
Signature	Date	
Pay Tech:	Name	
Completed on:	Date	-

*This election change is effective only for the check paid on the date indicated above.

