

Participant Change Form

Please complete this change form and return it to your Human Resource Department so they can forward to the Payroll Company.

Date: ____/____/____

Plan Name: NAVAJO TECHNICAL UNIVERSITY 401 PROFIT SHARING PLAN Case Number: 975-80137

Social Security #: _____ Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Change of Pre-Tax Deferral Contribution (Maximum \$19,500 for 2020 Plan Year with an additional \$6,500 catch-up if you are over the age of 50)

I want to make pre-tax deferral contributions to the plan. I authorize my employer to deduct _____% or \$_____. *(Internal office use only)*

Change of Deferral Contribution: I wish to **stop** making pre-tax deferral contributions to the plan. *(Internal office use only)*

Change of Deferral Contribution: I **do not** want to participate in the plan at this time. *(Internal office use only)*

Change of Address _____

Change of Name _____

Employee Signature: _____ Date: _____



5670 Greenwood Plaza Boulevard, Suite 350
Greenwood Village, CO 80111
Phone: (303) 996-6090
Fax: (303) 996-6094