

# CHANGE FORM

Calhoun County Savings Plan

Plan #201443

**THIS FORM IS TO BE UTILIZED BY CURRENT PARTICIPANTS ONLY. DO NOT UTILIZE FOR ENROLLMENT PURPOSES. ENTER YOUR SOCIAL SECURITY NUMBER AND ONLY THE INFORMATION THAT IS CHANGING. THIS FORM MUST BE RETURNED TO YOUR EMPLOYER.**

**IMPORTANT: IF YOU ARE CHANGING OR CORRECTING ANY OF THE FOLLOWING EMPLOYEE INFORMATION, PLEASE ENTER THE CORRECT INFORMATION AND CHECK HERE:**

EMPLOYEE INFORMATION <i>(please print)</i>		<i>(SS# is a required field)</i>
Name:		SS#:
Address:		
City:	State:	Zip:
Date of Birth:	Date of Hire:	Division:

## CONTRIBUTION ELECTION

I authorize my employer to deduct from my eligible compensation the percentage I enter on a before-tax basis and to contribute that amount to the plan on my behalf (enter an amount from 1% to 20%). \_\_\_\_\_ %.

I do not wish to contribute to the Plan at this time.

**INVESTMENT ELECTION: *Investment Elections must be made by calling Merrill Lynch at 1 (800) 229-9040 or via the Benefits OnLine website: [www.Benefits.ML.com](http://www.Benefits.ML.com)***

## AUTHORIZATION

My signature will serve as authorization for this and all future telephone or on-line transactions I make to my accounts.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**FOR PLAN SPONSOR USE ONLY: DO NOT SEND THIS FORM TO MERRILL LYNCH**

\_\_\_\_\_  
PLAN ADMINISTRATOR'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE