

PARTICIPANT CHANGE FORM

Completed forms are required for processing to begin.

An incomplete form will be returned.

Return to:

Benefit Plans Plus, LLC | Fax: 618.654.4624 | 2220 State Route 157, Suite 300 | Glen Carbon, Illinois 62034

PARTICIPANT INFO: TO BE COMPLETED BY EMPLOYER ONLY

| | | | |
|--|----------------------------------|---|------|
| Name of company: | | | |
| Participant (employee) name: | | Date of event: | |
| Mailing address: | | Must indicate reason of event: <input type="checkbox"/> TERMINATION <input type="checkbox"/> DEATH <input type="checkbox"/> RETIRED <input type="checkbox"/> DISABLED <input type="checkbox"/> VOL. AFTER-TAX WITHDRAW | |
| City: | State: | | Zip: |
| Social Security Number: | Phone: | | |
| Date of birth: (mm/dd/yy) | Date of hire: (mm/dd/yy) | | |
| Date of termination: (mm/dd/yy) | Hours worked in final plan year: | | |
| Participant e-mail address: | | | |
| <input type="checkbox"/> PLEASE EMAIL MY DISTRIBUTION PACKET TO: | | | |

FOR 401(k) PLANS:

LOAN INFO: (IF APPLICABLE)

| | |
|--|---|
| Date of last deferral deposit: (mm/dd/yy) | # of loan payments in current plan year: |
| Date of last match deposit: (mm/dd/yy) | Total loan repayment amount in current plan year: |
| Date of last Roth 401(k) deposit: (mm/dd/yy) | Date of last loan payment: (mm/dd/yy) |

| | | |
|------------------------------------|--------|-------|
| Completed by: | Phone: | Date: |
| Additional information / comments: | | |
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