

**Voluntary Contribution Change Request  
401(a) Plan**



**City of Cocoa, Florida Defined Contribution Plan**

**293138-01**

**Participant Information**

Last Name			First Name			MI			Social Security Number								
Address - Number & Street												E-Mail Address					
City				State		Zip Code				Mo Day Year			Mo Day Year				
Date of Birth						Date of Hire											
Home Phone			Work Phone			<input type="checkbox"/> Female		<input type="checkbox"/> Male		<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried					

**Voluntary Contribution Change Request**

This change request shall apply to all compensation paid from the effective date specified, until cancelled, superseded, or the employee ceases to be an eligible employee. This change request supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan.

**Payroll Information**

Specify one of the following:

- Restart
- Increase Payroll Deduction
- Decrease Payroll Deduction
- Stop Deductions

Specify the following:

**Voluntary Contribution** - The amount that you may contribute is 1% - 12%, which is not to exceed the annual maximum contribution allowable under the Internal Revenue Code and applicable regulations and/or the provisions of your Plan.

- I elect to make a voluntary after-tax contribution of \_\_\_\_\_% (per pay period) of my compensation to the 401(a) Plan until such time as I revoke or amend my election.

**Required Signatures** - I have completed, understand and agree to the terms of this change request and authorize the payroll deduction as indicated on this form.

\_\_\_\_\_  
Participant Signature Date

**Participant** forward to Plan Administrator  
**Plan Administrator:** Update Payroll System

I, as the Plan Administrator, certify that the payroll effective date is

\_\_\_\_\_  
Authorized Plan Administrator Signature Date

