



401(k) Contribution Change Request

Section I – Employee Information

Name: _____ SS# or Employee #: _____
LAST FIRST MIDDLE INITIAL

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

Phone: _____ E-mail: _____

Keep your contact information current with your employer and the Vista 401(k) Plan.

Section II – Contribution Change Information

By completing this form, you are requesting to change your contributions to your Vista 401(k) Plan.

Your request to change the amount of your contribution will be processed within five (5) business days upon receipt of an accurately completed form. The change will be effective the first payroll after receipt by your employer's payroll office. (Changes can take up to two pay cycles.)

The minimum annual contribution is \$500. The maximum contribution is \$19,500 for participants under 50 years of age and \$26,000 for participants 50 years of age and older. If you also have a 403(b) tax-deferred annuity, the total annual contributions for both accounts cannot exceed the annual maximum contributions.

Section III – Contribution Change Amount

I would like to change my contribution to \$ _____ per pay period.

I would like to restart my contribution to \$ _____ per pay period.

I would like to stop my contribution to the 401k plan.

Section IV – Signature

I have read and understand **Section II – Contribution Change Information** and, by signing below, I request that my contributions be changed as directed above.

Signature: _____

Date: _____