

1 EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MI	SS#	DOB
ADDRESS			CITY	STATE ZIP
EMAIL			PHONE	

2 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 \$20,500 for participants under 50 years of age and \$27,000 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.

3 CONTRIBUTION CHANGE AMOUNT

I WOULD LIKE TO:

- CHANGE** my contribution to (\$ -OR- %) _____ per pay period
- RESTART** my contribution of (\$ -OR- %) _____ per pay period
- AUTOMATICALLY INCREASE** my contribution by _____ % per year
- STOP** my contribution to the 401k plan.

4 SIGNATURE

I have read and understand **Section 2** – Contribution Change Information and, by signing below, I request that my contributions be changed as directed above.

SIGNATURE: _____ DATE: _____