



**FMPTF 401(a) Defined Contribution and 457(b) Deferred Compensation
INFORMATION CHANGE FORM**

Please turn this form into your Human Resources department. If you would like to change the information, please fill out the appropriate area. If there is an area that you do not need to change information, leave that section blank.

1. Participant Identification Information (YOU MUST FILL THIS SECTION OUT)

Participant's Name: _____ Last four of Social Security No. _____

Employer: _____

2. New Contact Information (optional – fill out if your contact information has changed)

Street Address: _____ Phone Number: _____

City, State Zip: _____ Birth Date: _____

3. 457(b) Deferral Amount (optional – fill out if you are changing your deferral amount)

Effective Date: _____

Pre-tax Deferrals (Default)

Salary Reduction per pay period: _____ % or \$ _____ x _____ # of Pays = EE Catch-up Contributions \$ _____ *

Age 50 catch-up: \$ _____ x _____ # of Pays = EE Catch-up Contributions \$ _____ *

Pre-retirement catch-up contribution: \$ _____ **

After-tax Roth Deferrals (Default) - only available with certain employers

Salary Reduction per pay period: _____ % or \$ _____ x _____ # of Pays = EE Catch-up Contributions \$ _____ *

Age 50 catch-up: \$ _____ x _____ # of Pays = EE Catch-up Contributions \$ _____ *

Pre-retirement catch-up contribution: \$ _____ **

* Cannot exceed IRC Limits (\$23,000 normal, \$7,500 age 50 catch-up in 2024) ** You must also complete the 457 Catch-up Form

4. Participant Certification

Participant Signature

Date

5. Employer Sign-off

Employer, please retain a copy for your records and update the contribution spreadsheet you submit to the FMPTF. The FMPTF does not need a copy.

Employer Signature

Date

Printed Name/Title