

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: La	ast four of Social Security No.	
	Employer:		
2.	2. New Contact Information (optional – fill out if your contact information has changed)		
	Street Address: Pl	hone Number:	
	City, State Zip:	irth Date:	
3.	3. 457(b) Deferral Amount (optional – fill out if you are changing your de	eferral amount)	
	Effective Date:		
	Pre-tax Deferrals (Default)		
	Salary Reduction per pay period: % or \$ x # o	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 # o	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 (\$23,500 normal, \$7,500 age 50 catch-up in 2025)			
4.	4. Participant Certification		
	Participant Signature Date	<u> </u>	
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	 e	
	Printed Name/Title		