

Participant Changes:

How to handle participant requests to make general changes to account.

A. Complete the "Participant Information Change Form"

The "Participant Information Change Form" is used to make the following changes:

1. Name Change
2. Address Change
3. Beneficiary Change
4. Contribution Election Change

Name Change: Participant completes Section A - General Information and signs and dates Section E.

Address Change: Participant completes Section A - General Information, Section B - Change of Address and signs and dates Section E.

Beneficiary Change: Participant completes Section A - General Information, Section C - Beneficiary Change and signs and dates Section E.

Married Participants:

Complete Sections I and III if naming your spouse as your beneficiary.

Complete Sections II, III and IV if naming someone other than your spouse. Please note: Section IV must be signed by your spouse with the plan's administrator as a witness or it must be notarized.

Unmarried Participants:

Complete Sections II and III.

Plan Trustee/Plan Administrator may sign in Section IV if he/she witnessed the spouses' signature. Trustee/Administrator must sign and date Section E.

Contribution Election Change: Participant completes Section A - General Information, Section D - Contribution Election Change and signs and dates Section E.

Trustee/Administrator must sign and date Section E. Since a participant elected to increase, decrease, or cease his/her deferral contributions, you will need to notify your payroll provider.

B. Retain original for your files. Mail or fax the completed form to CBIZ:

Address: CBIZ Benefits and Insurance Services
 Attn.: Daily Valuation Team
 44 Baltimore Street
 Cumberland, MD 21502

Fax Number: (301) 784-2412
 Attn.: Daily Valuation Team

Participant Information Change Form

Section A: General Information

Case Name	Case Number
Participant Name	Social Security Number

Section B: Change of Address

Address		
City	State	Zip

Section C: Beneficiary Change

Married Participants – Complete Sections I and III

Unmarried Participants – Complete Sections II and III

- I. I hereby elect to have my spouse, _____ as the sole direct beneficiary of any death benefits from the plan.
- II. I hereby designate the following person(s) as my beneficiary (If married requires spousal consent):

Name	Relationship	Address

- III. I further designate as contingent beneficiary to receive any such death benefit, if my spouse or other primary beneficiary predeceases me or dies prior to complete distribution of such death benefits:

Name	Relationship	Address

IV. Spouse's consent to beneficiary designation

I hereby consent to the designation made by my spouse to have any death benefit from the plan paid to the named beneficiary specified in the foregoing election

Spouses Name	
Signature	Date

Plan Administrator	
Signature	Date

Or

Subscribed, sworn and acknowledged before me in _____ by _____

on this _____ day of _____, _____

Notary _____ My commission expires on _____

Section D: Contribution Election Change

- I want to make pre-tax salary deferral contributions to the plan. I authorize my employer to deduct _____ % or \$ _____ my salary from each paycheck and to credit that amount to the pre-tax salary deferral portion of my account.
- I do not wish to contribute at this time.

Section E: Signatures.

For your protection, state law, where applicable, requires the following sentence to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (Social Security Number), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding; or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as result of failure to report all interest or dividends; or
 - c. The IRS has notified me that I am no longer subject to backup withholding ; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instruction: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Date	Participant Signature
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I certify that a) I am a Trustee/Named Fiduciary of the plan identified above; b) the requested benefits are permitted by the plan; c) I have read and agree to the terms and conditions and certify that the information stated above is true and accurate.

Date	Trustee/Plan Administrator
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