<u>Contribution Change Form - 457(b) Deferred Compensation</u> <u>for Employer Use Only</u>

Casara Narahani	10	a sial Caassits Mossakass		
Group Number:		Social Security Number:		
Employer:	D	epartment/ Location:		
Plan Name:				
Participant Name: (Last, First, M.I.) Name Change? Please provide documentation Mailing Address: New?				
City:			State:	Zip:
Home Phone:	Work Phone:			Ext:
A. CONTRIBUTION CHANGE- BEFORE-TAX CO	NTRIBUTIONS	}		
☐ Increase	•	x = x = t be age 50 or older by the	ne end of the cale	
IF YOU ARE UTILIZING THE PRE-RETIREMENT CANOTIFICATION AND SUBMIT IT TO MASSMUTUAL		ISION PLEASE COMPLE	TE A PRE-RETIRE	MENT CATCH-UP
B. ROTH - AFTER-TAX CONTRIBUTIONS Only complete this section if your contract includes Increase Decrease Resume Suspend To \$ x = =	s a Roth contribu		E S V	* Frequency Monthly = 12 Bi-Weekly = 26 Semi-Monthly = 24 Weekly = 52 Other:
C. EMPLOYEE SIGNATURE By execution of this document, the Employee auth indicated above be made by reducing the Employe employment with the Employer continues or until it	ee's salary. This t is altered in acc	s agreement shall continu	ue to be in effect o	
D. EMPLOYER SIGNATURE By execution of this document the Employer agree above be made by reducing the Employee's salary the Employer continues or until it is altered in account to the Em	y. This agreeme	ent shall continue to be in		
Employer Signature		Date		

Submit this Contribution Change Form to your Employer.

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