

CHANGE FORM

Plan Number: 3016201

Plan Name: Datrose Retirement Plan

Instructions

- If you are making a change or ceasing your contribution election(s), please check all boxes that apply under "Change in Contribution Percentage". If you are not making any changes to your contributions, do not complete the "Change in Contribution Percentage" section of this form.
- If you are a terminated participant making a change to your address, check the appropriate box below and only complete the section labeled 'About You'.

Change Election

Contribution Change (For Employer use only) **Address Change** (Terminated participants only - submit form to Wystar)

Mail to: *Wystar Global Retirement Solutions
Retirement Services - 1BE45
P.O. Box 5165
Westborough, MA 01581*

1. About You

Name: _____ Social Security Number: _____
FIRST MIDDLE INITIAL LAST

Home Address: _____
STREET CITY STATE ZIP CODE

Date of Birth: _____ Date of Hire: _____ Date of Rehire: _____

2. Change in Contribution Percentages

The change elected below will apply to all future compensation effective on the first applicable pay period following submission of this form (per the provisions of the Plan), unless you amend this election by completing a new form.

Check all that apply:

I hereby authorize the Company to change my pre-tax contribution percentage to the following whole percentage of my compensation each pay period to the Plan, via payroll deductions.
(Up to 50% of my compensation, not to exceed \$16,500). _____%

I wish to discontinue my pre-tax contributions to the Plan at this time.

Note: To make an inter-fund transfer, change in future investment election, or change in PIN#, call the Retirement Plan Helpline @ 866-679-7077 or the Internet at www.WystarGlobal.com/retirement_solutions

3. Your Approval

I hereby authorize the Company to effect the changes elected above. If the plan also permits me to make "Catch up" contributions if I am age 50 or older, these are additional amounts that I may defer regardless of any other limits imposed by the plan. I understand that my investment elections may be modified at any time through the Retirement Plan Helpline.

Your Signature: _____ DATE

Please submit this completed form to your Employer (the Plan sponsor).

4. Plan Sponsor Approval

Authorized Representative: _____
SIGNATURE PRINT FULL NAME DATE

NOTE: This form is for your Company payroll department use only and should not be forwarded to Wystar for processing unless this represents an address change for a terminated participant.