

**Prairie State College 457(b) Plan**  
**CHANGE TO SALARY SAVINGS AGREEMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

I am presently a participant in the **Prairie State College 457(b) Plan**. As a participant, I hereby authorize **Prairie State College** to change the amount it deducts from my compensation from \$\_\_\_\_\_ to \$\_\_\_\_\_.

I understand that this change will be effective on the first pay date after delivery of this notice to **Prairie State College**.

I hereby withdraw my authorization to continue payroll deductions under the **Prairie State College 457(b) Plan**. I understand this will be effective with the next payroll period from delivery of this notice to **Prairie State College**.

I understand that if I am married, my Spouse is entitled to any death benefit arising under the Plan, unless he or she consents to a different beneficiary designation on my Beneficiary Designation form.

\_\_\_\_\_  
Participant's Signature