

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

NAME: _____ ID NUMBER: _____

- 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 deducted from my compensation from \$_____ per pay period to \$_____ per pay period.

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.

SIGNATURE: _____ DATE: _____