

## **CHRISTIAN BROTHERS RETIREMENT SAVINGS PLAN**

## 403(b) DEFERRAL CHANGE FORM WITH ROTH OPTION

Section A: Employee Information					
Plan Name:	e: CHRISTIAN BROTHERS RETIREMENT 403(b) SAVINGS PLAN (83339)				
Name:	Soc. Sec. #:				ec. #:
Address:				Birth Date:	
City, State, Zip:					
Location Code:					
Section B: (	Change in Contri	ibution Amounts			
Roth	Roth	Salary Reduction Contribution	Age 50+ Catch-up Contrib	Age 50+ Catch-Up	
	% (from 1% to 100%)				Contributions <u>will be</u> <u>made on a Roth basis</u> for
!	Dollar Amount (\$)				anyone who has FICA
exceed \$145,000 (					wages in 2025 that exceed \$145,000 (or such indexed amount in
	Pre-tax	Salary Reduction Contribution	Age 50+ Catch-up Contrib	bution	future years) regardless
ļ	% (from 1% to 100%)			[	of a formal election.
ļ	Dollar Amount (\$)				
I wish to cease my contributions to the Plan.  Note: Refer to Summary Plan Description (SPD) for contribution limits and restrictions on changing contributions.					
Section C: Signature					
Employee's Signature: Date:					
Reviewed by Employer: Date:					
Effective Date (to be completed by Employer):					

Return this form to your Employer's Human Resources Department.

Attention HR Department: Please keep this form for your records.