

# Salary Reduction Agreement and Contribution Change Form

MassMutual Retirement Services  
PO Box 1583, Hartford, CT 06144-1583  
Fax Number: 877-526-2531 or 800-678-8645

Group Number: <b>150149</b>	Social Security Number:		
Employer: <b>Montgomery County Union Employee DCP</b>	Department/ Location:		
Plan Name:			
Participant Name: <i>(Last, First, M.I.)</i> <input type="checkbox"/> Name Change? Please provide documentation			
Mailing Address: <input type="checkbox"/> New?			
City:		State:	Zip:
Home Phone:	Work Phone:		Ext:

## A. CONTRIBUTION CHANGE- BEFORE-TAX CONTRIBUTIONS

<input type="checkbox"/> Increase	<i>Employee \$</i>	<i>Total Annual Contribution</i>	<i>Effective Date</i>
<input type="checkbox"/> Decrease	From <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Resume	To <input type="text"/>	\$ <input type="text"/>	
<input type="checkbox"/> Suspend			

I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

**IF YOU ARE UTILIZING THE PRE-RETIREMENT CATCH-UP PROVISION PLEASE COMPLETE A PRE-RETIREMENT CATCH-UP NOTIFICATION AND SUBMIT IT TO MASSMUTUAL.**

## B. ROTH - AFTER-TAX CONTRIBUTIONS

Only complete this section if your contract includes a Roth contributions feature.

<input type="checkbox"/> Increase	<i>Employee \$</i>	<i>Total Annual Contribution</i>	<i>Effective Date</i>
<input type="checkbox"/> Decrease	From <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Resume	To <input type="text"/>	\$ <input type="text"/>	
<input type="checkbox"/> Suspend			

By execution of this document, the Employee authorizes that any Before-Tax Contributions or Roth After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Submit this Contribution Change Form to  
MassMutual Retirement Services  
P.O. Box 1583  
Hartford, CT 06144-1583  
Fax No. 877-526-2531 or 800-678-8645**

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