Participant Change Form

Please complete this change form and return it to your Human Resource department. They will forward any changes to the Payroll Company.

Date	:/			
Plan	Name: Navajo Technic	al University 401(k) Plan Ca	ase Number: <u>975-80137</u>	
Social Security #:		Last:	First:	
		City:	State:	ZiP:
	Change of Pre-Tax Deferral Contribution (Maximum \$19,500 for 2021 Plan Year with an additional \$6,500 catch-up if you are over the age of 50) I want to make pre-tax deferral contributions to the plan. I authorize my employer to deduct			
	I do not wish to contribute to the plan at this time. (Internal office use only)			
	Change of Address			
	Change of Name			
Employee Signature:			Date:	



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