LAMONT ENGINEERS, P.C. 401(k) PROFIT SHARING PLAN
CURRENT PLAN PARTICIPANT CHANGE OF INFORMATION FORM

Please complete, sign and submit this form to your Human Resources Representative or Plan Administrator for processing. For clarity purposes, please type or print all data.

PLAN ID: LAE

Participant Name _____ _____ _____
(First) (Middle Initial) (Last)

Mailing Address _____

City/State/ZIP Code _____

Social Security No. _ _ _ - _ _ - _ _ _ _ Date of Birth _ _ / _ _ / _ _ _ _

1. DATA UPDATE

Please check applicable choice:

☐ Change of Name to: _____

☐ Change of Address to: _____
_____
_____

☐ Change of Employment Status:

Date of Termination: _____

Date of Rehire: _____

☐ Change of Deferral Percentage:

☐ I elect to contribute _____% of my compensation each pay period on a pre-tax 401(k) basis.

☐ I elect to contribute _____% of my compensation each pay period on an after-tax Roth 401(k) basis. (This is only applicable if your Plan is a Roth 401(k) Plan.)

☐ I elect to contribute _____% of my compensation each pay period on an after-tax 401(k) basis. (This is only applicable if your Plan allows for an after-tax contribution ***other than*** a Roth 401(k).)

☐ Catch-Up Contributions

☐ I certify that I am eligible (i.e. I will be age 50 or older by December 31) to make Catch-up Contributions to the Plan. I elect to contribute $_____ (up to the maximum allowed by IRC Sec. 414(v)) as a Catch-up Contribution. I understand this Catch-Up Contribution will be contributed by the Employer to the Plan for allocation to my account on a **pre-tax 401(k) basis**. I also understand that this amount may not be deemed a Catch-up Contribution until the last day of the Plan Year and may be disallowed in which case the disallowed contribution will be returned to me and become taxable income.

☐ I certify that I am eligible (i.e. I will be age 50 or older by December 31) to make Catch-up Contributions to the Plan. I elect to contribute $_____ (up to the maximum allowed by IRC Sec. 414(v)) as a Catch-up Contribution. I understand this Catch-Up Contribution will be contributed by the Employer to the Plan for allocation to my account on an **after-tax Roth 401(k) basis**. I also understand that this amount may not be deemed a Catch-up Contribution until the last day of the Plan Year and may be disallowed in which case the disallowed contribution will be returned to me and become taxable income.

2. AUTHORIZATION

Plan Participant Signature _____ **Date _ _ / _ _ / _ _ _ _**