

**PARTICIPANT CHANGE FORM**

**Plan Name: WD Associates, Inc. 401(k) Profit Sharing Plan**  
**Participant's Social Security Number** \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_\_

**Plan Number: 10931**

**Old Information**

Participant Name: \_\_\_\_\_  
Last First Middle Initial  
Participant Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip

**New Information**

*(Provide ONLY the information that has CHANGED or which must be CORRECTED, if any.)*

Social Security Number: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Last First Middle Initial  
Participant Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip  
Division: \_\_\_\_\_ Original Date of Hire: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Original Date of Termination \_\_\_\_\_ Re-Hire Date \_\_\_\_\_

**New Pretax Deferral Contribution Percentage Election**

Please indicate the new pretax (amount or) percentage you wish to defer from your salary each payroll period. If you are or will be age 50 or older by the end of the calendar year, and your Employer has elected to allow catch-up contributions to this Plan, you are permitted to defer an additional amount in excess of the limits you would otherwise be subject to. Such catch-up contributions are subject to annual limits provided under Code Section 414(v). For additional information on catch-up contributions, please check with your Employer or Investment Professional.

I elect to contribute each payroll period the following whole percentage of my eligible Compensation on a **PRETAX** basis: \_\_\_\_\_%.

Effective date of pre-tax contribution change request: \_\_\_\_\_

Please note: Once submitted, your change request will become effective as soon as administratively feasible and in accordance with plan provisions

*(When combined, your total pretax deferral and Roth deferral elections (if applicable) cannot exceed 100% of your eligible Compensation for each payroll period in question. Eligible compensation under the plan is limited to the applicable dollar limit in effect under Federal law for the plan year. The total of your pretax and Roth 401(k) deferral contributions (if applicable) for the calendar year cannot exceed the applicable dollar limit in effect under Federal law for the Plan Year.)*

Note: Total contributions to the plan cannot exceed the lesser of 100% or \$45,000\* of compensation, as increased for Cost of Living Adjustments.

\*2007 contribution limit.

**Signatures**

I understand that my new contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my election will continue in effect until I revoke it or terminate my employment. If the New Pre-tax Contribution Percentage(s) section is completed then I authorize my Employer to reduce my eligible Compensation by the indicated percentage(s) and to make such contribution(s) to the Plan on my behalf. I understand that if my Plan permits catch-up contributions and I am age 50 or older during the calendar year, any amounts in excess of otherwise applicable limits shall be treated as a catch-up contribution to the extent permitted under Code Section 414(v). I hereby certify that the above Participant information is true, accurate and complete.

**PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

As Plan Administrator I authorize the Participant's changes on this form.

**PLAN ADMINISTRATOR**  
**PRINT NAME\*** \_\_\_\_\_

**PLAN ADMINISTRATOR**  
**SIGNATURE\*** \_\_\_\_\_ **DATE** \_\_\_\_\_

- Note: The Plan Administrator should both print and sign their name in the spaces given.

**Form Completion Checklist (for Plan Administrator)**

Before entering this data in Plan Sponsor WebStation, please verify that you have obtained the following information:

- Participant's social security number
- Participant signature

<b>For Plan Administrator Use Only:</b>	<b>Participation Date:</b> _____	<b>Vesting Date:</b> _____
	<b>Years of Service:</b> _____	<b>Rehire Date:</b> _____
	<b>Employee No.:</b> _____	<b>Division:</b> _____