

PARTICIPANT CHANGE FORM

Plan Name: **Woods Powr-Grip Co., Inc. 401(k) Profit Sharing Plan and Trust**

Plan Number: **28201**

Participant's Social Security Number ____--____--____

Form Completion Checklist (for Plan Sponsor)

Before submitting this form, please verify that you have included the following information:

- ☐ Participant's social security number
- ☐ Participant signature
- ☐ Plan Administrator signature

Old Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City State Zip

New Information

(Provide ONLY the information that has **CHANGED**.)

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 Contribution Percentage or Amount

Please indicate the new 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, 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 or the following flat dollar amount on a **PRETAX** basis: _____% or \$_____.

Effective date of pre-tax contribution change: _____

(Your total pretax contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit, in effect, under Federal law for the Plan Year.)

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 **section is** completed then I authorize my Employer to reduce my eligible Compensation by the indicated percentage or amount and to make a contribution to the Plan on my behalf. **I understand that if 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 _____ **DATE** _____

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

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