

Contribution Change Form - 457(b) Deferred Compensation for Employer Use Only

| | |
|-------------------------------|-------------------------|
| Group Number: 110147 | Social Security Number: |
| Employer: City of Stamford | Department/ Location: |
| Plan Name: | |

Participant Name: (Last, First, M.I.)
 Name Change? Please provide documentation
 Mailing Address:
 New?
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Ext: _____

A. CONTRIBUTION CHANGE- BEFORE-TAX CONTRIBUTIONS

| | | | | | |
|-----------------------------------|------------------|------------------|--------------------|------------|---------------------|
| <input type="checkbox"/> Increase | Employee \$ or % | Employer \$ or % | Total Contribution | Frequency* | Annual Contribution |
| <input type="checkbox"/> Decrease | From \$ | + | = | x | = |
| <input type="checkbox"/> Resume | To \$ | + | = | x | = |
| <input type="checkbox"/> Suspend | | | | | |

| * Frequency | |
|--------------|-------|
| Monthly | = 12 |
| Bi-Weekly | = 26 |
| Semi-Monthly | = 24 |
| Weekly | = 52 |
| Other: | _____ |

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 | Employee \$ or % | Frequency* | Annual Contribution |
| <input type="checkbox"/> Decrease | From \$ | x | = |
| <input type="checkbox"/> Resume | To \$ | x | = |
| <input type="checkbox"/> Suspend | | | |

| * Frequency | |
|--------------|-------|
| Monthly | = 12 |
| Bi-Weekly | = 26 |
| Semi-Monthly | = 24 |
| Weekly | = 52 |
| Other: | _____ |

C. EMPLOYEE SIGNATURE

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 _____

D. EMPLOYER SIGNATURE

By execution of this document the Employer agrees 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.

Employer Signature _____ Date _____

Submit this Contribution Change Form to your Employer.

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