

Information Change Form

**SEIU Supplemental Retirement Savings 401(k) Plan
and/or ROTH Feature**

Plan ID: 764618

Subplan* Circle One: 001 002 004

Information About You		
Name (First, M.I., Last)	Social Security Number (Last 4): _____	
What Information Do You Want to Change?		
Name	From (First, M.I., Last)	To (First, M.I., Last)
Social Security Number	From:	To:
Birth Date	From:	To:
Pre-Tax Salary Deferral PERCENT (in whole number percentages from 1% to 25%)	From: _____%	To: _____%
Post-Tax ROTH Salary Deferral PERCENT (in whole number percentages from 1% to 25%)	From: _____%	To: _____%
For Employer Use Only		
Status	From: <input type="checkbox"/> Active <input type="checkbox"/> Terminated <input type="checkbox"/> Suspended	To: <input type="checkbox"/> Active Rehired: ____ / ____ / ____ <input type="checkbox"/> Suspended until: ____ / ____ / ____
Hire Date	From:	To:
Entry Date	From:	To:
Years of Service	From:	To:
Division Number	From:	To:
Other (specify)	From:	To:
Approval		
I certify that the information provided is accurate and complete.		
Your Signature:	Date:	
The information provided above is accurate and complete.		
Company Authorization:	Date:	

Return Completed Form to Fund Office for Processing [Brenda.hildenberger@seiufunds.org]

05/17/2022

***Subplans: 001 = NIPF Payroll 002 = SEIU Payroll 004 = ESF Payroll**