## PARTICIPANT CHANGE REQUEST FORM

Plan ID 12345lar

You can complete this form using Adobe® Acrobat®. Open the PDF and click on <u>Fill & Sign in the right-hand toolbar</u>. If asked "What do you want to do?," click on the **Fill and Sign** button. Use the tools provided to complete this form.

Current Participant Information	(Please Print Information Clearly)		
Employee Name		Date of Birth	
Address			
City		State	ZIP
Social Security Number		Date of Hi	re
Daytime Phone Number	Evening Phone Numbe	r	
New Participant Information			
First Name and Middle Initial*	Last Name		
Address			
City		State	ZIP
Social Security Number		Date of Bir	rth
Daytime Phone Number	Evening Phone Numbe	r	
*NOTE: Attach a copy of a court documname change.	nent, marriage certificate, or new Socia	l Security	card to support
Participant Authorization			
I authorize the changes above to be made	de to my account.		
(If you're using Adobe® Acrobat® to complete <b>Sign</b> toolbar. Save this PDF to your compute to send the form to your Plan Administrator	er, adding your name to the end of the file n	ame. Use oi	ne of the options below
Participant's Signature		Date	
Participant – Submit This Form to	Your Plan Administrator and Rec	լuest The	eir Signature
Jane M Smith 123 Test Street Address 2 Address 3	Email janesmith@test.con Fax 999-999-9999	n	

Everyday 401(k) by J.P.Morgan

Anytown NY 12345

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## Plan Administrator Authorization

(to be completed by the plan administrator)

I acknowledge receipt of the changes listed on this form.

(If you receive a PDF, you can complete this form using Adobe® Acrobat®. Open the PDF and click on **Fill & Sign** in the right-hand toolbar. If asked "What do you want to do?," click on the **Fill and Sign** button. Save the completed PDF to your computer and then submit it using one of the following options. **Do not use the Request Signatures feature.**)

Plan Administrator's Signature	Date
Plan Administrator's Name	

## Plan Administrator - Please Sign and Submit Completed Form to:

Email or Fax: everyday401k@dstsystems.com 816-218-0455 Regular Mail: Everyday 401(k) by J.P. Morgan PO Box 219898 Kansas City, MO 64121-9898 Overnight Mail: Everyday 401(k) by J.P. Morgan 430 W 7th Street Suite 219898 Kansas City, MO 64105-1407

For more information about your Plan, go to www.everyday401k.com.