

Instructions Please print using blue or black ink. **Employer:** Use this form if an employee is transferring to or from a new employer. **Employee:** Use this form if you are changing employers.

Attention: Benefits Office - Please send completed form to the following address or fax it to **1-866-439-8602**.

NC Plans Processing Center
PO Box 5340
Scranton, PA 18505

Questions?
Call 1-866-627-5267
for assistance.

Participant Information

Plan number 012003 Sub plan number _____

Social Security number _____ Date of hire ***Required**
 _____ month _____ day _____ year

First name _____ MI _____ Last name _____

Address _____

City _____ State _____ ZIP code _____

Date of birth _____ Gender _____ Daytime telephone number _____
 _____ month _____ day _____ year _____ M _____ F _____ area code _____

Employer Change Information

Please note that this form should ONLY be submitted after all contributions from your previous employer have been posted to your account.

Previous Employer Name: _____

Current Employer Name: _____

Do you currently have a North Carolina 401(k) Plan 457(b) Plan

I wish to contribute the following from my salary per pay period:

Before-Tax Contribution Election.

\$ _____, _____ .00 (please provide whole dollars only)

OR

_____ % (please fill in % from 1-100%, in whole percentages)

Roth After-Tax 457 Contribution Election.

\$ _____, _____ .00 (please provide whole dollars only)

OR

_____ % (please fill in % from 1-100%, in whole percentages)

My yearly salary is \$ _____. My pay frequency is _____. Please note that if the contribution amount provided is not in the correct format (dollar vs. percentage), Employer will use your salary information to calculate your contribution in accordance with what your payroll requires.

If you are not certain of the method (\$ or %) or frequency (weekly, bi-weekly, monthly, semi-monthly) of your employee deferrals, please call the Participant Service Center at 1-866-627-5267.

Loan Re-amortization

Do you have a NC 457 loan? Yes No

If yes, your loan may be reamortized to your new employer's loan payment remittance frequency. Please note that a loan reamortization may result in a change to your loan payment amount.

Your Authorization

I understand that Empower will rely on the information I have provided in processing this request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction.

This section must be completed by the person submitting this form in order to process your changes.

 X _____ Date | |
If you are the employee sign here

 X _____ Date | |
If you are the employer sign here

Social Security Number _____