

# Deferral Change Form

*This form is used for **Deferral** changes only.* Please refer to Section 4 for additional information regarding investment elections. If you have any questions about this form, please speak with your company’s Human Resources representative or call our Participant Service Center, weekdays between 7:30 a.m. and 7 p.m. CT at **844-749-9981**.

### 1. Personal Information (Please print)

Name	Social Security Number	Employee Number	Location
Address	City	State	Zip
Date of Birth	Date of Hire	Marital Status	

In accordance with the provisions of the Plan permitting Participants to make salary reduction contributions (deferrals), I enter into this Salary Deferral Agreement with my Employer by completing this Deferral Change Form. I understand that the amounts and types of compensation which may be deferred are outlined in the Summary Plan Description for this Plan.

### 2. Deferral Amount

The amount I elect to defer will be withheld from my paycheck and paid by my employer into the Plan on my behalf.

- Effective \_\_\_\_\_ I wish to defer \_\_\_\_\_% from my compensation each payroll period.
- Zero.** I wish to stop my deferrals effective the next payroll period.

### 3. Type of Deferral

- Pre-tax deferrals.** All of my deferrals as pre-tax deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current Compensation includible in income for the taxable year of the deferral.
- Roth (after-tax) deferrals.** All of my deferrals as Roth (after-tax) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current Compensation includible in income for the taxable year of the deferral.
- Split deferral election.** A portion of my deferrals as pre-tax deferrals and a portion of my deferrals as after-tax Roth deferrals, as follows:  
 \_\_\_\_\_% of my Compensation as pre-tax deferrals, AND \_\_\_\_\_% of my Compensation as Roth (after-tax) deferrals  
 (in both blanks indicate at least 1% and specify a whole percentage number).

**I understand: (1) My election in Section 3 regarding the type of deferrals is irrevocable once the Employer withholds the deferrals from my paycheck; and (2) any change of election regarding the type of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.**

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**4. Additional Information Regarding Deferrals**

**Investment Elections.** Investment elections for deferrals will default to your current investment election. Changes to your investment elections, for any contribution source, can be made online at [www.newportgroup.com](http://www.newportgroup.com).

**Frequency.** This Agreement applies to Compensation (e.g., to each paycheck) paid after the effective date of the Agreement. Maximum deferrals/catch-up. My deferrals for any calendar year may not exceed the "402(g) limit", unless I am age 50 or older (or will attain age 50) during the calendar year in which I defer. If I am or will attain age 50 during the calendar year, I may make additional deferrals, called "catch-up" contributions, in an amount not exceeding the applicable annual catch-up limit. For 2024, the 402(g) limit is \$23,000 and the catch-up limit is \$7,500. The 402(g) limit and catch-up limit may be indexed for inflation each year. My deferrals, including "catch-up" contributions may not exceed 100% of my Compensation.

**Effective date/term/changes.** This Agreement is effective on the date the Plan Administrator accepts it and remains in effect until I change (revoke or modify) it. I may change my Agreement only by providing to the Plan Administrator a new Salary Reduction Agreement or Deferral Change Form. Modifications are permitted with any payroll period. I am also permitted to revoke my agreement at any time. If I revoke my Agreement, I can file a new Agreement that is effective with any payroll period. If I enter into a new Agreement subsequent to the date of this Agreement, the subsequent Agreement acts as a revocation of the prior Agreement, except as I specify otherwise in this Agreement.

**Investment.** My deferral account will be subject to Trust investment gain or loss in accordance with my investment direction.

**Duty to review pay records.** I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary deferral election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement or Deferral Change form. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

**5. Signature**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

**For Employer Use Only**

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Employer: Bethany St. Joseph Corporation

By \_\_\_\_\_