

DEFERRAL CHANGE FORM



Name:	Social Security Number:
Address:	Home Phone:
	Work Phone:
Email Address:	Employer or State Agency:

Please check one of the following: (deferral amount per month)

Please change my current pre-tax deferral as follows:

\$ _____

I elect to stop my pre-tax contributions to OSGP. I may begin them again later by completing a new Deferral Change Form

Please restart my pre-tax deferral:

\$ _____

If your employer allows Roth after-tax contributions, please complete the following to choose how you'd like to make deferrals.

Pre-tax \$ _____ Roth after-tax \$ _____ Both \$ _____

Please Note: Your contributions will be allocated into the funds you had chosen previously; if you want to change these allocations, log into your account at osgp.ingplans.com or call 800-365-8494.

X _____
Participant's Signature (Do not print)

Send form to:

Oregon Savings Growth Plan
800 Summer Street, N.E., Suite 200
Salem, OR 97301
Fax to 503-378-5888