

CASE WESTERN RESERVE UNIVERSITY
457(b) DEFERRED COMPENSATION PLAN

CHANGE IN DEFERRAL FORM

Name _____

Social Security# _____

CWRU Address _____

CWRU Phone Number _____

I have previously elected to defer compensation under the Case Western Reserve University Deferred Compensation Plan (the "Plan"). I understand that any change in deferral as described below will take effect as of the first day of the month of the next calendar quarter (provided that I file this form prior to the first business day of the month of execution). I also understand that any new amount specified cannot exceed the maximum amount allowed by law as reflected in the Plan.

- I elect to change the dollar amount of my elective deferral contribution as set forth below and understand that this change will remain in effect unless otherwise changed by me.

\$ _____ /month of my basic compensation beginning _____

- I elect to stop all future elective deferral contributions to the Plan. I understand I may recommence deferrals only as of a future open enrollment date.

Employee Signature _____ Date _____

Benefits Administration Use Only

Received by: _____

Effective Date: 1st day of _____ year _____ Date: _____
