

**CASE WESTERN RESERVE UNIVERSITY
457(b) DEFERRED COMPENSATION PLAN**

CHANGE IN DEFERRAL FORM

Name _____

Employee ID _____

CWRU Address _____

CWRU Phone Number _____

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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 noted (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. I understand the change will remain in effect unless otherwise changed by me or my eligibility for participation in the plan changes.

\$ _____ per month beginning _____ .

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

Employee signature _____ Date _____

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Benefits Administration use only

Effective Date: _____ Received by _____ Date _____