

PARTICIPANT CHANGE FORM

Social Security Number _____ **Plan Number:** 47306

Plan Name: Innovative Technologies Corporation Savings Plan and Trust

Form Completion Checklist

Before submitting this form please verify that you have included the following information:

- Participant's social security number
- Participant signature
- Plan Administrator signature

Old Information

Participant Name: _____
 Last First Middle Initial

Participant Address: _____
 Street _____
 City State Zip

New Information

(Provide **ONLY** the information that has **CHANGED**.)

Social Security Number: _____

Participant Name: _____
 Last First Middle Initial

Participant Address: _____
 Street _____
 City State Zip

Division: _____ Hire Date: _____ Birth Date: _____

New Pretax Contribution Percentage or Amount

I elect to contribute each payroll period the following whole percentage of my eligible Compensation on a **PRETAX** basis: _____%.

(The percentage indicated cannot exceed 60% of your eligible Compensation unless you are age 50 or will turn age 50 during the current calendar year. For the calendar year, your total pretax contributions and any catch-up contributions for eligible participants cannot exceed the applicable dollar limit in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year.)

Signatures

I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my election will continue in effect until I revoke it or terminate my employment. If the New Contribution Percentage section is completed then I authorize my Employer to reduce my eligible Compensation by the indicated

percentage and to make a contribution to the Plan on my behalf. I hereby certify that the above Participant information is true, accurate and complete.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I authorize the Participant's changes on this form.

PLAN ADMINISTRATOR _____ **DATE** _____

For Plan Administrator Use Only:	Participation Date: _____	Vesting Date: _____
	Years of Service: _____	Rehire Date: _____
	Employee No.: _____	Division: _____