



## Gleaners Community Food Bank of Southeastern Michigan 401(k) Retirement Savings Plan

This form serves as notice to Gleaners Community Food Bank, Inc. that I wish to change my contribution to the 401(k) plan at this time.

Please complete this form, sign, and return it to Krista Cierpial. If you decide to change your contribution at a later date, you may do so by filling out another form.

**By checking these boxes and signing this form, you acknowledge the following:**

- I have read the terms of participation in the Gleaners Community Food Bank of Southeastern Michigan, Inc. 401(k) plan.  YES  NO
- I would like to **start** my contribution of \_\_\_\_\_% or \$\_\_\_\_\_per pay period.
- I would like to **change** my contribution to \_\_\_\_\_% or \$\_\_\_\_\_per pay period.
- I would like to **discontinue** my contributions completely at this time. Please change my contribution to \$0 or 0%.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_