



Personal Information

Participant Name: _____ Employee # or SSN: _____

Change Contributions

I request that my future salary from Polk County be reduced by the deferral amount shown below. The amounts deducted from my salary will be contributed for me to the retirement plan named above. This modification is binding and irrevocable with respect to amounts earned while it is in effect except to the extent amounts must be reduced to meet limits stated in the plan. This change will continue in effect for my salary until changed by me in writing or on-line through www.principal.com, in accordance with plan provisions. This modification will also continue in effect as long as I am a participant in the above listed retirement plan.

I understand that my current and future salary will be deducted per pay period as follows:

Change my before-tax salary deferral contributions to \$_____ per pay period.

Change my Roth after-tax salary deferral contributions to \$_____ per pay period.

The effective date of this change will be based on plan provision and after our payroll department receives this form, unless I specify a later effective date _____.

Signature _____ Date _____

Discontinue Contributions

I request to discontinue my contributions to the retirement plan listed above. I understand I may resume contributions on the next available date according to plan provisions.

- Discontinue my Before-tax Salary Deferral Contributions
- Discontinue my Roth After-tax Salary Deferral Contributions

The effective date of this change will be based on plan provision and after our payroll department receives this form, unless I specify a later effective date _____.

Signature _____ Date _____

2013 Contribution Limits

Regular Limit	100% of compensation up to: \$17,500
Age 50+ Catch-Up Limit	The total of the regular limit + missed contributions up to: \$23,000
3-Yr Catch-Up Limit	The total of the regular limit + missed contributions up to: \$35,000