

PARTICIPANT CHANGE FORM

TO BE RETAINED BY THE EMPLOYER

NAME OF PLAN LONG Building Tech., Inc. Ret. Plan PLAN ID# 110514308

Use this form to re-enter your company's plan or to change your payroll withholding amount.

Changes to your existing account balance or investment elections can be made via the Retirement Plan Information Line at 1-800-854-0647 or via Retirement Access at thehartford.com/retirementplans/access (available 24 hours a day).

1. EMPLOYEE INFORMATION

Name _____ Social Security # _____

Effective date _____

2. CHOOSE YOUR CONTRIBUTION AMOUNT

I authorize my employer to withhold from my wages each pay period the following:
(combined amount can't exceed the plan maximum)

Pre-tax:

Please withhold an amount equal to _____%.

After-tax Roth 401(k): (Only if available in the plan)

Please withhold an amount equal to _____%.

Note: If you are re-entering the plan and wish to change your investment elections, please call the Retirement Plan Information Line at 1-800-854-0647 or log in to your Retirement Access account at thehartford.com/retirementplans/access (available 24 hours a day).

I have the right to change, amend, or otherwise revoke this agreement, in writing, subject to plan provisions.

If this Agreement is revoked in its entirety, I waive my right to re-enter the plan until such a time as I submit to the Employer an updated Participant Change Form, subject to plan provisions.

I hereby instruct my Employer to cease withholding from my wages beginning with the payroll period indicated below.

Effective for the payroll period _____

3. SIGNATURES

Employee signature _____ Date _____

Employer signature _____ Date _____