## CONFEDERATED TRIBES OF THE COLVILLE RESERVATION RETIREMENT PLAN SAVINGS RATE CHANGE FORM

(11/05)

1.	PERSONAL INFORMATION		
Name	e:	Social Security Number:	
Address:		Date of Birth:	
City, State Zip:		Date of Hire:	
Division:		Home: Work:	
2.	CONTRIBUTION ELECTION (Please check only of		
	I wish to contribute to the Retirement Plan and Trust deduct the following amount of pre-tax earnings from	t effective, 20(must be January 1 <sup>st</sup> or July 1 <sup>st</sup> ). Please m <b>each</b> paycheck for deposit into my 401(k) account:	
	Percent of Pa	ay Each Pay Period (must be between 1% and 100% of pay)	
		for calendar year 2006. If you are 50 years old or will attain age 50 by for 2006 is \$20,000. Your deferrals will be stopped when they reach this	
3.	SUSPENSION OF SAVINGS		
	I elect to stop my Retirement Plan payroll deductions as of the next possible pay period. I understand that I may resume my contributions on any January 1 <sup>st</sup> or July 1 <sup>st</sup> following this suspension.		
voice applie accou	e response system at (877) 401-SAVE (7283), or through t ed to the next payroll deposit. You will need your Social	as, contact the Confederated Tribes of Colville Reservation Retirement Plan the Internet at <a href="www.401save.com">www.401save.com</a> . Your investment election change will be Security Number and Personal Identification Number (PIN) to access your uest a PIN Reminder notice through the Voice Response System. The PIN	
5.	REALLOCATE/TRANSFER OF CURRENT BALL	ANCES	
401-S be entineed	SAVE (7283), or through the Internet at <a href="https://www.401save.co">www.401save.co</a> tered before 1:00pm. If you enter your transfer request your Social Security Number and Personal Identification	ibes of Colville Reservation Retirement Plan voice response system at (877) mm. Transfers of current balances are processed each business day and must after 1:00pm it will be processed on the following business day. You will a Number (PIN) to access your account. If you have lost or misplaced you be Response System. The PIN Reminder will be sent to your home address.	
<b>6.</b> A	AUTHORIZATION AND EFFECTIVE DATE		
other		Plan (as stated in the Summary Plan Description that I have received) and affect my elections. I hereby authorize deductions from my pay for any	
EMPI	LOYEE SIGNATURE:	DATE	
AUTI	HORIZATION:	DATE	
	Please return the completed form to the Benefi	its Office or Human Resources Department at your Division	
<u>Instr</u>	ructions for Division: (1) Review form to make sure that it has (3) Retain the original form in the partitions are initiated the 401(k) deformal red	as been completed correctly, (2) Sign and date the Authorization Section, icipant's Personnel Folder, (4) Provide a copy to your payroll department so to change, and (5) Mail a copy to TM&4	