

PLAN CHANGE FORM

NAME _____ PARTICIPANT # _____

SSN _____ FIRM NAME _____

NEW DEDUCTIONS BEGIN _____

PLEASE MAKE THE FOLLOWING CHANGES TO THIS PLAN _____

I authorize my employer listed above to deduct from my earnings, such amounts as may now or hereafter be payable under the plan purchased through Colorado Bankers Life Insurance Company®. If in any month the amount accumulated is insufficient for a full payment of the below schedule, disbursement shall first be applied to insurance premium and any balance to savings/investment. Any increases to life insurance/annuity will be to the annuity portion of the plan.

PLAN PAY PERIODS

- Weekly (52)
 Bi-Weekly (26)
 Semi-Monthly (24)
 Monthly (12)
 Quarterly (4)
 Semi-Annual (2)
 Annual (1)

NEW DEDUCTION BREAKDOWN

PRODUCT	OLD PAY PERIOD DEDUCTION	NEW PAY PERIOD DEDUCTION	ACCOUNT NUMBER (IF POSSIBLE)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
		\$ _____	

SIGNATURE _____ DATE _____