



## Deferral Change Form

Name:	Social Security Number:
Address:	Home Phone:
	Work Phone
Email Address:	Employer:

Please check one of the following: (deferral amount per month)

- Please change my current deferral as follows:  
     \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Please restart my deferral:  
     \$ \_\_\_\_\_ or \_\_\_\_\_ %
- I elect to stop my contributions to OSGP. I may begin them again later by completing a new Deferral Change Form

**Please Note:** Your contributions will be allocated into the funds you had chosen previously; if you want to change these allocations, log into your account at [osgp.csplans.com](http://osgp.csplans.com) or call 800-365-8494.

\_\_\_\_\_  
Effective Start Date

\_\_\_\_\_  
Participant Signature (do not print)

\_\_\_\_\_  
OSGP Manager or Designee

\_\_\_\_\_  
Date

Send form to:

Oregon Savings Growth Plan  
 800 Summer Street, NE Ste 200  
 Salem, OR 97303  
 Fax to 503-378-8346