



FTJ fundchoice

SALARY DEDUCTION AGREEMENT

Change of Amount Form

FTJ FUNDCHOICE,™ LLC

457 Deferred Compensation

Employer: _____

Employee name: _____

Employee Soc. Sec. #: _____

Dear Payroll Department:

I hereby request that my current salary reduction for the **457 Deferred Compensation** be changed to the following amount per pay period.

New Amount to be deducted: \$ _____ each pay period.

Effective with respect to compensation paid (and as soon as administratively feasible) on
or after _____ (enter start date).

Remit said amount to *FTJ FUNDCHOICE,™ LLC*.

I agree that this agreement shall remain in effect for as long as I remain your employee unless discontinued by me in writing.

Signature of Employee

Date: _____

 Representative Signature

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