

UNITED STATES AIR FORCE NONAPPROPRIATED FUND EMPLOYEES' 401(K) SAVINGS PLAN

CONTRIBUTION CHANGE REQUEST FORM

Authority: 10 USC 8013 authorized the collection of this information. Executive Order 9397 authorizes us to ask for your social security number to identify you. **Purpose:** We use this information to process employee benefit transactions that you request. **Routine uses:** This information may be shared with other Federal agencies and contractors to administer your employee benefits. We may also provide this information to law enforcement agencies and courts investigating, prosecuting, enforcing, and litigating criminal or civil actions involving your employee benefits. Your information may also be shared with spouses, former spouses, beneficiaries, persons responsible for your affairs, and representatives of your estate. **Disclosure:** You are not required by law to provide this information but failure to provide it may preclude us from processing your requested benefit transaction.

Step One: Complete Your Personal Information

Name _____ Date of birth _____
First Name, Last Name, M. I. (MM/DD/YY)
Social Security Number _____ Phone _____

I am making a change to my contribution rate. Complete steps 2, 3, and 4.

I want to stop my contributions. Complete Steps 2, 3, and 4.

To make investment election changes, visit www.wellsfargo.com or call 1-800-728-3123.

Step Two: Select Your Contribution Rate Your Contributions

Indicate the amount you want to contribute from each paycheck, which includes catch-up contributions, if eligible. If you are at least 50 years of age by the end of this calendar year, you may make additional pre-tax contributions.

Pre-tax contributions: _____ % (whole percent only)

Your total combined contributions can't exceed the annual IRS limit.

You should carefully consider the investment objectives, risks, charges and expenses of mutual funds before investing. For a free prospectus, which contains this and other important information about our funds, call 1-800-728-3123.

Step Three: Sign Here

Authorization: I authorize the Air Force to deduct the percentage of my pay as indicated in Step Two.

Employee Signature _____ Date _____

HRO Signature _____ Date _____

Step Four: Return Your Completed and Signed Form to your HRO

FOR HRO USE ONLY:

Base Code: _____ Current Hire Date: _____ Date of Participation: _____
mm/dd/yy mm/dd/yy

Give one copy to the following: _____ HRO _____ Participant _____ Plan Code = 00000NAF