

**CASE WESTERN RESERVE UNIVERSITY
457(b) DEFERRED COMPENSATION PLAN**

CHANGE IN DEFERRAL FORM

Name _____

Employee ID _____

CWRU Address _____

CWRU Phone Number _____

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I have previously elected to defer compensation under the Case Western Reserve University Deferred Compensation Plan (the "Plan"). I understand that any change in deferral as described below will take effect as of the first day of the month noted