

CHANGE FORM

Cochran Inc. 401(k) and Profit Sharing Plan

Plan #: ML200565

THIS FORM IS TO BE UTILIZED BY CURRENT PARTICIPANTS ONLY. DO NOT UTILIZE FOR ENROLLMENT PURPOSES. ENTER YOUR SOCIAL SECURITY NUMBER AND ONLY THE INFORMATION THAT IS CHANGING. THIS FORM MUST BE RETURNED TO YOUR BENEFITS REPRESENTATIVE.

IMPORTANT: IF YOU ARE CHANGING OR CORRECTING ANY OF THE FOLLOWING EMPLOYEE INFORMATION, PLEASE ENTER THE CORRECT INFORMATION AND CHECK HERE:

EMPLOYEE INFORMATION *(please print)*

(SS# is a required field)

Name:		SS#:	
Address:			
City:		State:	Zip:
Date of Birth:	Date of Hire:		Division:

CONTRIBUTION ELECTION

I authorize my employer to make payroll deductions from my salary in the amount indicated below to be used as my contributions to the Plan:

- I wish to contribute the following whole percentage of my compensation to the Plan on a before-tax basis via payroll deduction (from 2 to 15%). _____ %
- I wish to discontinue contributions to the Plan at this time.

INVESTMENT ELECTION: *Investment Elections must be made by calling Merrill Lynch at 1 (800) 229-9040.*

AUTHORIZATION

My signature will serve as authorization for this and all future phone transactions I make to my accounts.

_____/____/____
EMPLOYEE SIGNATURE DATE

FOR PLAN SPONSOR USE ONLY: DO NOT SEND THIS FORM TO MERRILL LYNCH

_____/____/____
PLAN ADMINISTRATOR'S SIGNATURE DATE