

# ESPP Change Form

Please complete this form if you wish to change your contribution percentage or cancel your participation in the Omnicom Group ESPP. Submit the completed form to your Payroll or Benefits Department.

To resume participation, please contact your Payroll or Benefits Department to obtain an enrollment form. You must complete and submit an enrollment form no later than five business days prior to the start of the Plan Quarter in which you wish to resume your participation.

- ☐ I elect to change my current contribution rate in the Omnicom Group ESPP to \_\_\_\_\_ % effective with the start of the next Plan Quarter. I understand that my election must be in whole percentages, must be between 1% and 10% and must be the same for each payroll period within a Plan Quarter.
- ☐ I elect to stop my participation in the Omnicom Group ESPP effective immediately. I understand that I will receive a refund of my current Plan Quarter's contributions if this notice is submitted 15 business days prior to the Purchase Date for the Plan Quarter. Otherwise, my participation will stop as of the first day of the next Plan Quarter. (The Purchase Date is the last business day of November, February, May and August.) My participation and corresponding contributions will not cease until I have signed and dated the bottom of this form and submitted it to my Payroll or Benefits Department.
- ☐ I elect to stop my participation in the Omnicom Group ESPP as of the start of the next Plan Quarter. I understand that my current Plan Quarter's contributions will be used to purchase Omnicom shares on the next Purchase Date. My contributions will cease as of the first day of the next Plan Quarter (December 1, March 1, June 1 or September 1). My participation and corresponding contributions will not cease until I have signed and dated the bottom of this form and submitted it to my Payroll or Benefits Department.

PARTICIPANT NAME		SOCIAL SECURITY NUMBER	
PARTICIPANT SIGNATURE		DATE	
<b>Portion below to be completed by Payroll/Benefits Department</b>			
PAYROLL OR BENEFITS DEPARTMENT REPRESENTATIVE		DATE RECEIVED	
REPRESENTATIVE SIGNATURE			

Employees should retain a signed copy for their records.