

**TAX DEFERRED SAVINGS AUTHORIZATION FORM
FOR
LOCAL UNION 124 IBEW – NECA 401(k) PLAN**

**INSTRUCTIONS TO EMPLOYEE
•Complete and Return to Employer**

Name _____ SS# _____ DOB _____

Employer Name _____ Date of Hire _____

I am or I am Not related to employees of this Employer Mark box if I am 50yrs or older

Tax Deferred Savings Election CHECK ONE:

- This is my initial Tax Deferred Savings Election (effective immediately as a new hire or will begin with the first paycheck that includes January 1 or July 1 in the pay period)
- This election is filed to change the amount of my current Tax Deferred Savings Election (effective with respect to paychecks received after the next January 1 or July 1)
- This election is to stop current Tax Deferred Savings Election (effective the date signed)
- I do not currently wish to participate in the Tax Deferred Savings Election.

Effective _____ (see above for limits on the date you may choose), and continuing for all future pay periods until a new form modifies in accordance with the circumstances set forth. Please defer to the IBEW-NECA 401(k) Plan, on my behalf, \$ _____ (insert \$0.50, \$1.00, \$1.50, \$2.00, \$2.50, \$3.00, \$3.50, \$4.00, \$4.50, \$5.00, \$5.50, \$6.00, \$6.50, \$7.00, \$7.50, \$8.00, \$8.50, \$9.00, \$9.50, \$10, \$10.50 or \$11.00. If over 50 years of age, you may insert \$11.50, \$12.00, \$12.50, \$13.00, \$13.50, \$14.00, \$14.50 or \$15.00) for each hour paid. I understand: that my Employer or the Plan Administration may amend or revoke this Election at any time, if the Plan Administration determines that such revocation is necessary to ensure my deferrals do not exceed in a Plan year the maximum amount permitted under sections 402(g) or 415(c) of the Internal Revenue Code, or necessary to ensure satisfaction of the nondiscrimination tests under section 401(k) of the Code for such plan year, or for any or all such reasons. Also, this Election shall be revoked automatically upon the loss of eligibility to participate in the Plan, or my termination of employment with the Employer listed on this authorization form.

_____ Date

_____ Participant's Signature

INSTRUCTIONS TO EMPLOYER

•Sign and Date Below •Email this Form to Fund Office to mrangel@ibew124benefits.org •& Keep this Copy for your Files as well as complete appropriate payroll deductions

This Form was received from the Employee on _____, 20_____.

_____ Date

_____ Signature and Title of Employer Representative