## WISCONSIN NECA-IBEW RETIREMENT PLAN 2730 DAIRY DRIVE SUITE 101 MADISON WI 53718 PHONE (608) 276-9111 OR FAX (608) 288-9103 Fundoffice@weebf.org

NOVEMBER 1, 2024

### ★ ★ IMPORTANT NOTICE TO PARTICIPANTS OF THE WISCONSIN NECA-IBEW RETIREMENT PLAN ★ ★

#### **Automatic Enrollment Notice**

The Wisconsin NECA-IBEW Retirement Plan is committed to helping you save for your retirement. As a part of that commitment, your Plan includes a 401(k) feature that allows you to contribute a portion of your compensation to the Plan. Under the SECURE 2.0 Act of 2022, the Plan is required to begin automatically enrolling participants in the Plan's 401(k) feature beginning January 1, 2025. This Notice provides additional detail regarding the automatic enrollment program and your rights under the plan.

Due to this change in Federal law, <u>ALL</u> Plan participants will be automatically enrolled in the Plan's 401(k) feature on January 1, 2025, at a rate of <u>10%</u> of your compensation. To avoid being automatically enrolled in the Plan, you <u>MUST</u> make a new alternate election by submitting the enclosed election form to your participating Home Local (IBEW Local 127, IBEW Local 388, IBEW Local 430, IBEW Local 577 or IBEW Local 890) between November 1 and November 30. Note that elections submitted directly to your employer are no longer valid.

By completing the enclosed form, you can choose to:

- Elect a contribution rate other than 10% (the Plan allows participants to make contribution elections of 2%, 3%, 5%, 10% or 15%); or
- Decline to make any contribution to the 401(k).

# Completed forms must be submitted to your <u>HOME LOCAL</u> at the address, fax or email provided on the back of this notice.

If you do not complete and submit the enclosed form by November 30, 2024, you will be **automatically enrolled** in the Plan's 401(k) feature at a rate of 10% of your compensation. This means that 10% of your pay will be automatically withheld from your paycheck before tax and contributed to your 401(k) Plan, where it can grow into retirement savings over time. Contributions will be invested based on your existing investment selections.

Contributions to the Plan are withheld from your pay and are not subject to income tax at that time. Instead, the contributions are remitted to the Plan and held in your individual account. Your account is invested and grows tax free until distribution when it will be subject to income tax. While we encourage you to fund your retirement by making elective contributions to the Plan, making your own election as described above empowers you to contribute to the Plan according to your own financial priorities.

If you do not make an election and are automatically enrolled in the 401(k) Plan and subsequently decide you do not want to contribute, you can choose to **withdraw** any 401(k) contributions made under the Plan's automatic enrollment program within 90 days of your automatic enrollment. If you are automatically enrolled in the Plan's 401(k) feature on January 1, 2025, and choose to withdraw those contributions, you must submit your request to the Plan Office at the address above by March 31, 2025. However, the Trustees strongly encourage you and all Plan participants to make an election prior to November 30, 2024.

# IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION CONTAINED IN THIS NOTICE OR ABOUT THE PLAN GENERALLY, PLEASE CONTACT THE WEEBF OFFICE OR YOUR HOME LOCAL. (LIST OF HOME LOCALS ON BACK)

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#### THE WISCONSIN NECA-IBEW RETIREMENT PLAN

#### LIST OF PARTICIPATING IBEW LOCAL UNIONS

#### **IBEW LOCAL UNION #127**

3030 39<sup>™</sup> AVENUE KENOSHA WI 53144 PHONE (262) 654-0912 FAX: 262-654-2803 EMAIL: <u>ibew127@gmail.com</u> ATTN: SEAN OR SHARI

#### **IBEW LOCAL UNION #430**

1840 SYCAMORE AVENUE RACINE WI 53406 PHONE: (262) 633-2844 FAX: 262-633-8859 EMAIL: info@ibewlu430.org ATTN : CHRIS OR TAYLOR

#### **IBEW LOCAL UNION #388**

5224 HEFFRON COURT STEVENS POINT WI 54481-5086 PHONE (715) 341-2696 FAX: 715-341-3124 EMAIL: kjanis@ibew388.org ATTN: DEAN OR KATHY

### **IBEW LOCAL UNION #577**

1024 S LAWE STREET APPLETON WI 54915 PHONE (920) 739-9408 FAX: 920-739-0890 EMAIL: office@ibewlu577.com ATTN: TOM OR KELLY

#### **IBEW LOCAL UNION #890**

1900 REUTHER WAY JANESVILLE WI 53546 PHONE (608) 752-0321 FAX: 608-752-1262 EMAIL: local890@ibew890.org ATTN: BEN OR BILLIE

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Wisconsin NECA-IBEW Retirement Plan 401(k) ELECTION FORM						
1. PARTICIPANT IN	TICIPANT INFORMATION (Please Print) Employer:					
Participant's Name:					Social Security #:	
Street Address:					Date of Birth:	
City:				State:	Zip:	
2. SALARY REDUCTION AGREEMENT I recognize that limitations under the Internal Revenue Code regulations for qualified plans may affect the amount of my deferral. Accordingly, I hereby agree that my deferral shall be the level specified, or such lesser amount which, as determined by the Board of Trustees, is the maximum deferral I can elect under the limitations set forth in the Plan.						
I authorize my employer to withhold and deposit the following percentage of my compensation each pay period into my Plan account as a pre-tax 401(k) contribution (circle one):						
	2%	3%	5%	10%	15%	
I hereby elect NOT to contribute to the Plan at this time. I understand that I may change this election for any future pay period by completing and returning a new Election Form to my Employer.						
3. INVESTMENT ELECTION You may elect your investments, at any time, online at participant.empower-retirement.com. If you have never made an investment election, you will be automatically defaulted into the Plan's Qualified Default Investment Alternative (QDIA), which is the Target Date Fund based on your date of birth.						
4. EFFECTIVE DATES FOR DEFERRAL CHANGES AND ENROLLMENT You must file your completed election form to your HOME LOCAL if you wish to increase or decrease your deferral to the Plan. An election to increase your elective deferral is effective quarterly: January 1, April 1, July 1, or October 1, provided your HOME LOCAL receives this Election Form by the 15 <sup>th</sup> day of the month preceding the effective date.						
5. AUTHORIZATION I have received materials describing the Wisconsin NECA-IBEW Retirement Plan (the "Plan"). I confirm that I understand the terms of the Plan and the conditions and limitations that affect my elections including the Plan's eligibility requirements and the effective date for deferral election changes. I hereby authorize my Employer to make the payroll deduction of the amount designated above and understand that my election remains in effect until I revoke or change my election by executing a new Election Form in accordance with Plan rules.						
Participant's Signature			Dat	Date		
6. FOR ADMINISTRATIVE OFFICE USE ONLY			Effe	Effective Date of Election:		
Employer Signature			Dat	Date		

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