

**IBEW LOCAL NO. 9 AND LINE CLEARANCE
CONTRACTORS 401k RETIREMENT PLAN**

401k Tax-Deferred Savings

YOUR NAME – LAST, FIRST, MI. (Please Print)

YOUR SOCIAL SECURITY NUMBER

ADDRESS

STATE

ZIP CODE

YOUR CURRENT EMPLOYER NAME

PART A – ELECTION For Pay Reduction Contribution – Enrollment or Change

Deduction into your 401k plan account: I authorize my employer to reduce my hourly pay by \$ _____ per hour effective _____. (Contributions in \$0.50 increments up to a maximum of \$5.00 per hour)

SIGNATURE

DATE

I UNDERSTAND THAT MY SAVINGS RATE MAY NOT BE CHANGED AGAIN
UNTIL THE NEXT ENROLLMENT PERIOD

PART B – SUSPENSION of Pay Reduction Contribution

I request that my pay contributions be suspended. Please suspend my contributions effective on the date entered below:

Date of Contribution Suspension _____

SIGNATURE

DATE

I UNDERSTAND THAT I CANNOT RESUME MY CONTRIBUTIONS
UNTIL THE NEXT ENROLLMENT PERIOD

PART C – ELECTION Not to Participate in Pay Reduction Program

I have had the advantages of the Pay Reduction Program explained to me and elect NOT to participate in this Pay Reduction Program

SIGNATURE

DATE

Return this completed form to your General Foreman who will forward a copy to:
IBEW LOCAL NO. 9 AND LINE CLEARANCE CONTRACTORS 401k RETIREMENT PLAN