

## IBEW LOCAL No.9 and LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT PLAN ELECTION FORM

To begin, change, or stop your 401(k) pre-tax contributions to your individual account in the IBEW Local No.9 and Line Clearance Contractors 401(k) Retirement Plan (the "Plan"), please submit this form to your employer where you work or expect to work. It is your responsibility to submit a separate request to each employer, and to communicate changes to this election to each employer when you deem appropriate. This election will remain in effect until you submit another form changing your election.

<b>Participant Information</b>	Name	Social Security Number	
	Street Address		
	City, State, ZIP Code		
	Daytime Phone Number	Evening Phone Number	Date of Birth

I hereby request to begin, change, or stop 401(k) pre-tax contributions as specified by the terms of the Plan, and elected in the table below. I understand that my 401(k) deferral will be stopped and any excess contributions returned to me in a future pay period if my contributions exceed the yearly limit of \$23,000 (for 2024), or \$30,500 for participants age 50 and above.

\$/hour (straight and over time)	\$/hour (straight and overtime)	\$/hour avail for age 50+ (straight and overtime)
\$0.00*	\$4.00	\$8.00
\$0.50	\$4.50	\$8.50
\$1.00	\$5.00	\$9.00
\$1.50	\$5.50	\$9.50
\$2.00	\$6.00	\$10.00
\$2.50	\$6.50	\$10.50
\$3.00	\$7.00	\$11.00
\$3.50	\$7.50	\$11.50

Notes: \* Select \$0.00/hr to stop your 401(k) deferrals

<b>Employer Acceptance (Employer Use Only)</b>	<b>Form Accepted on Date Below      Form Not Accepted</b>		
	Employer Name	Date	Employer Authorized Signature
	Employer Location	Reason form not accepted: _____	

I acknowledge receipt of information regarding my right to make 401(k) contributions to the Plan. I understand that my election will take effect as governed by the rules and regulations of the Plan. I also understand that I must submit a separate election form to each contributing employer, that my election will remain in force until changed by me, and that I must submit a new form or forms (if I work for more than one contributing employer) if I want to change my 401(k) election. Please mail a copy of this form (signed by an authorized representative of your employer) to the Fund Office as indicated below, and maintain a copy in your personal records.

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_