

IBEW Local 131 Pension Fund 401(k) Election Form

To begin, change, or stop your 401(k) pre-tax contributions to your individual account in the IBEW Local 131 Pension Fund (the "Plan"), please submit this form to each 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. If you leave an employer and then return to work for that employer, your last election will govern the deduction from your pay.

Participant Information	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 my 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 (for 2023) of \$22,500 or \$30,000 for participants age 50 and above.

\$/hour (straight time)	\$/hour (straight time)
<input type="radio"/> \$0.00*	<input type="radio"/> \$8.00
<input type="radio"/> \$1.00	<input type="radio"/> \$9.00
<input type="radio"/> \$2.00	<input type="radio"/> \$10.00
<input type="radio"/> \$3.00	<input type="radio"/> \$11.00
<input type="radio"/> \$4.00	<input type="radio"/> \$12.00
<input type="radio"/> \$5.00	<input type="radio"/> \$13.00
<input type="radio"/> \$6.00	<input type="radio"/> \$14.00
<input type="radio"/> \$7.00	<input type="radio"/> \$15.00
Other - <input type="radio"/> \$ _____	

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

Employer Acceptance (Employer Use Only)	<input type="checkbox"/> Form Accepted on Date Below <input type="checkbox"/> Form Not Accepted	
	Employer Name	Date
	Employer Location	Employer Authorized Signature
Reason, if 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: _____