

U.A. Local No. 393 Defined Contribution Plan

ELECTION FORM FOR PRE-TAX DEFERRALS INTO 401(k) ACCOUNT

If you are working for a signatory employer under the jurisdiction of the U.A. Local No. 393 Master Labor Agreement or another collective bargaining agreement allowing contributions to the U.A. Local No. 393 Defined Contribution Plan, then you are eligible to elect to defer, on a pre-tax basis, part of your income into a 401(k) account established for you at www.nwps401k.com.

You may defer any whole dollar amount per hour of covered employment for which you are paid into your 401(k) account up to the annual IRS limit. The rate deferred per hour of covered employment for which you are paid will be proportional to the type of work. For example, if you elect \$4/hour of covered employment for which you are paid and you work double-time, then the contribution rate will be \$8/hour of covered employment for which you are paid.

You may change your deferral rate using copies of this Election Form up to 3 times a year.

To participate in the 401(k) feature of this Plan, you must file this Election Form with the local union office in person, by mail, or by email:

Mail or In-person: **U.A. Local Union 393
Plumbers, Steamfitters, Pipefitters & HVACR Service Technicians
6299 San Ignacio Avenue, San Jose, CA 95119**

Email: **Forms@local393.org**

If your maximum annual contribution amount is met before year's end, your 401(k) deferral rate will be changed to **\$0.00/hour** for the remainder of the calendar year, and will be automatically changed back to your previous deferral rate effective January 1 of the new year. A new dispatch will be sent to you. If you do not receive it by January 30th, please contact the local union office immediately.

PLEASE NOTE: For the 2024 calendar year the maximum annual contributions are **\$23,000** if under the age of 50, and **\$30,500** if age 50 or older. The IRS may increase the maximums in future years. You must monitor your annual contributions and make adjustments if maximums are reached.

Contact the local union office if you have any questions: **(408) 225-3030**

This form can be found at: **www.ualocal393.org/fringe-benefits** and **www.ualocal393benefits.org**

I **do not wish to participate** in the 401(k) feature of the Defined Contribution Plan at this time.

I hereby **elect to participate** in the 401(k) feature of the Defined Contribution Plan. I authorize my employer(s) to withhold from my wages each pay period \$_____.00 for each hour of covered employment for which I am paid. I understand that my total withholding may not exceed the IRS maximums. The withholding will become effective when feasible following receipt of this completed Enrollment Form by the local union office. This election shall apply to all signatory employers that I may work for unless and until I elect out of participation by submitting an Enrollment Form electing \$0.00 withheld from my wages.

(Print Name)

XXX-XX-_____
(Social Security Number – Last 4 Digits)

(Signature)

(Date)

(Email)

(Current Employer)