

Supplemental Income 401(k) Plan

A PLAN FOR UNION MEMBERS



CHANGE IN ELECTIVE CONTRIBUTION AMOUNT (M)

PARTICIPANT INFORMATION

Name: _____ Social Security Number: _____
(Please print)

Address: _____ Telephone Number: _____

Union Local #: _____ Employer: _____

ELECTIVE CONTRIBUTIONS ELECTION: I hereby elect to have tax-deferred contributions equal to \$____ of my monthly Compensation contributed on my behalf to the Plan (not to exceed the allowable calendar year limit).

My estimated Annual Compensation is \$_____.

I hereby authorize my Employer to defer a portion of my Compensation not yet earned and contribute the amounts deferred to the Plan as Elective Contributions, in accordance with my election indicated above.

Date

Signature

Please return this form to your Employer.