

# Supplemental Income 401(k) Plan

A PLAN FOR UNION MEMBERS



## ENROLLMENT FORM (P)

### INSTRUCTIONS

The purpose of this form is for you to instruct your employer to deduct part of your current pay for contribution into your Plan account. You will generally not owe federal income tax on the amounts that you defer (within IRS limits), or on the earnings of those investments, until these amounts are distributed to you from the Plan. You may change your contribution amount during the Plan's open enrollment periods. Your change will be effective starting with the first day of the next calendar quarter. You may revoke the contribution election that you make at any time. Contributions to your account will be made going forward by reductions from your paycheck each pay period. You may elect a percentage of your salary prorated for each pay period.

### APPLICANT INFORMATION *(Please print)*

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Job Classification: \_\_\_\_\_  
Sex:  Male  Female

Social Security Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_  
Union Name: \_\_\_\_\_  
Union Local Number: \_\_\_\_\_  
Marital Status:  Single  Married  
 Divorced  Widowed

### ELECTIVE CONTRIBUTION ELECTION *(Please check one)*

I hereby elect to defer the following portion of my compensation equal to (up to applicable IRS limits):

- 1%     2%     3%     4%     5%     6%     7%     8%     9%  
 10%     11%     12%     13%     14%     15%     16%     17%     18%  
 19%     20%     21%     22%     23%     24%     25%     Other \_\_\_\_\_%

### INVESTMENT ALLOCATION ELECTION

I hereby elect to have future Plan contributions invested according to the following investment elections.\*  
*Please use whole numbers, not fractions.*

BlackRock Health Sciences		Loomis Sayles Bond Fund (Admin) – LBFAX	_____ %
Opportunities Fund (A) – SHSAX	_____ %	MainStay Intermediate Term Bond Fund (I) – MTMIX	_____ %
Allianz RCM Global Technology Fund (A) – RAGTX	_____ %	MainStay Government Fund (A) – MGVAX	_____ %
AIM Small Cap Growth Fund (A) – GTSAX	_____ %	NYL Ins. Co. Anchor Account II– SEP25TRAC	_____ %
Fidelity Advisor Mid-Cap Fund (T) – FMCAAX	_____ %	Fidelity Advisor Freedom Income Fund (A) – FAFAX	_____ %
Columbia Small Cap Value Fund II (A) – COVAX	_____ %	Fidelity Advisor Freedom 2010 Fund (A) – FACFX	_____ %
Goldman Sachs Mid Cap Value Fund (A) – GCMAAX	_____ %	Fidelity Advisor Freedom 2015 Fund (A) – FFVAX	_____ %
American Funds Washington Mutual (R3) Investors Fund – RWMCX	_____ %	Fidelity Advisor Freedom 2020 Fund (A) – FDAFX	_____ %
MainStay S&P 500 Index Fund(A) – MSXAX	_____ %	Fidelity Advisor Freedom 2025 Fund (A) – FATWX	_____ %
BlackRock Capital Appreciation Fund (A) – SRLAX	_____ %	Fidelity Advisor Freedom 2030 Fund (A) – FAFEX	_____ %
Van Kampen Equity & Income Fund – ACEIX	_____ %	Fidelity Advisor Freedom 2035 Fund (A) – FATHX	_____ %
Alliance Bernstein International Value Fund – ABIAX	_____ %	Fidelity Advisor Freedom 2040 Fund (A) – FAFFX	_____ %
		<b>Total:</b>	<b>100 %</b>

I understand that the above investment elections shall continue until such time that I file a new election. I have received the current prospectus of each Fund selected and confirm that all information, instructions, and agreements set forth hereon shall apply to the account, and if applicable, shall also apply to any other fund account with shares acquired upon the exchange of the shares of the Fund(s) I selected.

### SIGNATURES

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:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>EMPLOYER: Please complete below and mail a copy to:</b>		Supplemental Income 401(k) Plan P.O. Box 8338 Boston, MA 02266-8338
_____ Employer Signature	_____ Employer #	
_____ Employer Phone Number		