

Metal Polishers Local 8A-28A 401(k) Retirement Plan

Deferral Election

To make a pre-tax salary contribution election and/or a catch-up contribution election, please complete all applicable sections of this form, sign, and return the form to Local 8A-28A, 36-16/18 33rd Street 2nd floor, Long Island City, NY 11106, Phone 718-361-1552 Fax 718-361-1933.

- Initial 401(k) Contribution Election
- Initial Catch-up Contribution Election
- Election Change (*modifies any prior 401(k) and/or catch-up contribution election*)
- Election Termination

Section A: Personal Information

First Name/Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Social Security No.: _____ Date of Birth: _____

Company/Employer Name: _____

Phone No./Ext.: _____ E-mail: _____

Marital Status: Married Single/Divorced Gender: Male Female

Section B: 401(k) Contribution

I elect to reduce my eligible compensation, in equal amounts per pay period, as indicated below:

- _____% each pay period (*from 1%-10%*)
- \$_____ each pay period
- I elect not to make any 401(k) contributions to the plan listed above.

Section C: Catch Up Contribution (*For employees who have attained age 50 or will attain age 50 this calendar year*)

I elect to reduce my eligible compensation, in equal amounts per pay period as a pre-tax salary deferral, as indicated below:

- _____% each pay period
- \$_____ each pay period
- I elect not to make any further Catch Up contributions to the plan listed above.

Section D: Signature

I understand that any catch-up contributions elected above are not determined to be catch-up contribution until my regular pre-tax salary deferral contribution exceed an applicable limit under the Plan, and that the salary reduction above may not exceed the limit of contributions set forth in my employer's Plan. Also, that any deferral elections will be invested according to the investment allocation I have already on file for my future contributions, and that any catch-up contributions I elect to defer are not matched by my employer. I further understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice in accordance with the terms of my employer's Plan.

Signature of Participant: _____ Date: _____

Print Name: _____ Social Security Number: _____

Section E: Plan Administrator Signature

I certify that this enrollment application as completed by the participant, is accurate and appropriate under the terms of the Plan, and that any necessary consents and waivers have been obtained.

Signature of Plan Administrator: _____ Date: _____
