

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: _____

Local 8A-28A 401(k) Retirement Plan
c/o John Hancock Retirement Plan Services, LLC
P.O. Box 940
Norwood, MA 02062-0940



Visit us at mylife.jhrps.com or call us at 1.800.294.3575.

Re: Beneficiary Designation

Enclosed is your **BENEFICIARY DESIGNATION FORM**. Use this form to designate the individual(s) who will receive payment of your vested account in the event of your death. **Please follow the instructions in this package carefully.**

To process your request, follow all steps below:

- Step 1: check your marital status in the Beneficiary Designations section*
- Step 2: provide all requested information for each beneficiary named in the Beneficiary Designations section*
- Step 3: obtain your spouse's written and witnessed consent in the Beneficiary Designations section only if you are married and name a primary beneficiary other than your spouse*
- Step 4: assign a percentage of your vested account to each beneficiary (must total 100%)*
- Step 5: sign the **BENEFICIARY DESIGNATION FORM** where indicated in Signature section*
- Step 6: return all pages of the **BENEFICIARY DESIGNATION FORM** (even if there is no election made on the page)*

Return form to:

Fund Office, Local 8A-28A 401(k) Retirement Plan, 36-18 33rd Street, 2nd Floor, Long Island City, NY 11106.

You may choose anyone to be your beneficiary under the Plan. Under the federal tax laws, if you are married and name someone other than your spouse as your beneficiary, you may do so only with your spouse's written and witnessed consent by a Notary Public or Plan Representative. If you do not designate a beneficiary, or if your designated beneficiary dies before you do, the Plan provides that your beneficiary will be Your surviving spouse, or, if none, your children, or, if none, your parents, or, if none, your estate.

Please note that forms returned without original signatures or all necessary attachments, if applicable, will be denied and returned to you to fill out properly. Returning forms to you for correction will delay the processing of your transaction. If you do not return the completed form(s) within 180 days from the date of this letter, you will be required to obtain a new form package.

If you have any questions about the above, please log on to mylife.jhrps.com or call 1.800.294.3575. The automated information line is available 7 days a week, 24 hours a day. Participant Service Representatives are available Monday through Friday, 8:00 a.m. to 10:00 p.m. Eastern Time, except on New York Stock Exchange holidays.

Thank you.



TH39025010

BENEFICIARY DESIGNATION FORM

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

NOTE: If you choose to name more than two Primary and/or Secondary Beneficiary(ies), please attach a separate sheet of paper with your additional designations. You must also sign and date the additional sheet of paper. If you are married and designate additional primary beneficiaries, your spouse's certification must be notarized by a Notary Public or witnessed by a Plan Representative.

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

I. BENEFICIARY DESIGNATIONS

A. PRIMARY BENEFICIARY DESIGNATION

MARITAL STATUS Married Not Married or Widowed Divorced

If I am married and have not designated my spouse as my sole primary beneficiary, this designation of beneficiary will not be effective unless consented to by my spouse below. If I am not married on the date I sign this Beneficiary Designation Form, but subsequently become married prior to benefit commencement, I understand that this designation of beneficiary shall cease to be effective upon my marriage. I hereby agree to notify the Plan Administrator in writing in the event my marital status changes.

I hereby designate as my beneficiary the person(s) listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated. I understand that if I designate more than one beneficiary below, the percentages MUST add up to 100%. If more than one person is listed and no percentages are indicated or the percentages do not add up to 100%, benefits shall be paid in equal shares to my primary beneficiary(ies) who survive me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentages shown for such beneficiary(ies) below.

1	Name	/ / Date of birth	Social Security number	
	Relationship	Address		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> % Percentage
2	Name	/ / Date of birth	Social Security number	
	Relationship	Address		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> % Percentage
Total =				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> 100% Percentage

SPOUSAL CONSENT

I hereby consent to my spouse's designation of the beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

Signature of Participant's Spouse: _____



BENEFICIARY DESIGNATION FORM

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

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

WITNESSED BY NOTARY PUBLIC

State of _____, County of _____, ss. On this, the _____ day of _____, 20____, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary _____ (SEAL)

My Commission Expires: ____ / ____ / ____

or

WITNESSED BY PLAN REPRESENTATIVE

Signed on _____, 20_____ in the presence of: _____

B. SECONDARY BENEFICIARY DESIGNATION

If no primary beneficiary listed in Part A above survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, **the percentages must add up to 100%**. Payment to secondary beneficiaries will be made according to the rules of succession described for Primary Beneficiary.

①	Name	/ /	Date of birth	Social Security number	
	Relationship	Address			<input style="width: 40px;" type="text"/> % Percentage
②	Name	/ /	Date of birth	Social Security number	
	Relationship	Address			<input style="width: 40px;" type="text"/> % Percentage
					Total = 100%

II. SIGNATURE

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan. **I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.**

Signature of Participant: _____ Date: _____

Return this form to: Fund Office, Local 8A-28A 401(k) Retirement Plan, 36-18 33rd Street, 2nd Floor, Long Island City, NY 11106.



Plan for tomorrow

MAKE A SMART DECISION ABOUT YOUR FUTURE TODAY



LOCAL 8A-28A 401(K) RETIREMENT PLAN

You have been automatically enrolled into your retirement plan.

Take control.

Visit mylife.jhrps.com or download the **mylifenow™** app and personalize your account.



Additional information

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

Welcome

We are pleased to welcome you as a new participant under the Defined Contribution Retirement Plan. The enclosed guide explains the way the Plan works and the investment options available to you in the Plan. Please note that in addition to the collectively bargained employer contribution you have the option to make elective deferrals.

As a participant, you choose how much to contribute and have the flexibility to change your deferral rate.

Your contributions are automatically deducted from your paycheck each pay period and deposited monthly into your retirement account. There's no scheduling required. It's an easy, convenient way to save for retirement.

The Plan was established to give you the opportunity to save towards your retirement, through hourly deductions on a pre-tax basis, thus lowering your current taxable income.

Paying yourself first is an effective way to help achieve your savings goals.

To choose an hourly wage deferral contribution amount, please contact the Fund Office.

There is one important detail that you should be aware of in addition to what is outlined on the following page:

- In order to be 100% vested in the Employer Profit Sharing Contribution, you must work at least one full year.

If you have any further questions about this Plan, please contact your fund office at 718.361.1552. For more information on your investment options, please feel free to contact John Hancock Retirement Plan Services at 1.800.294.3575.

Hablamos Español

Para información en español, llame al 888.440.0022. Representantes están disponibles de lunes a viernes, de 10 a.m. a 8 p.m. hora del Este endías hábiles de la Bolsa de Valores de Nueva York.

Thank you.

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

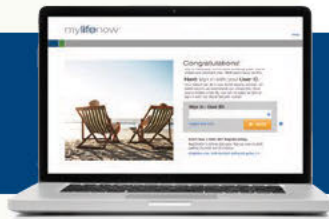
RS011719483949

Personalize your account now.
Take control of your financial future.



Download

our **mylifeflow™** app
or scan the QR code



Visit

mylife.jhrps.com



Call

800-294-3575

8 a.m. to 10 p.m. (ET), Monday to Friday
or 1-888-440-0022 for assistance in
Spanish between 10 a.m. to 8 p.m.



John Hancock Retirement Plan Services, LLC is also referred to as "John Hancock".

John Hancock Retirement Plan Services, LLC offers administrative and recordkeeping services to sponsors and administrators of retirement plans, as well as a platform of investment alternatives that is made available without regard to the individualized needs of any plan. Unless otherwise specifically stated in writing, John Hancock Retirement Plan Services, LLC does not, and is not undertaking to, provide impartial investment advice or give advice in a fiduciary capacity. John Hancock Trust Company LLC provides trust and custodial services to such plans.

JH Enterprise® is a registered trademark by John Hancock Life Insurance Company (U.S.A.).

NOT FDIC INSURED | MAY LOSE VALUE | NOT BANK GUARANTEED

©2017 All rights reserved

S-P33147-GE

04/17-33147



RS032417359492