

UTILITY WORKERS' UNION OF AMERICA DEFERRED COMPENSATION FUND

401(k) Election Form

You may contribute 1% of your straight time plus overtime pay (your "gross" pay) to your 401(k) pre-tax contributions account. If you wish to elect a higher percentage, or change the percentage you contribute, submit this form to each employer where you work or where you expect to work. It is your responsibility (by completing this form) to request 401(k) deductions from your paycheck from each employer, or to have such deductions changed. Once you submit your 401(k) Election Form to an employer, your election will remain in effect with that employer even if you do not work for that employer for an extended period of time and then return to work.

NAME: (Print only) _____ **SOC. SEC.#** XXX-XX- _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Telephone Number _____ Email Address _____

Employee 401(k) Election

By signing this agreement, I hereby request to enroll in or change my 401(k) pre-tax contributions as follows until changed by me as provided under the terms of the Plan.

Check One Box:

- | | |
|---|--|
| <input type="checkbox"/> 1% of straight time plus overtime pay. | <input type="checkbox"/> 5% of straight time plus overtime pay. |
| <input type="checkbox"/> 2% of straight time plus overtime pay. | <input type="checkbox"/> 6% of straight time plus overtime pay. |
| <input type="checkbox"/> 3% of straight time plus overtime pay. | <input type="checkbox"/> 8% of straight time plus overtime pay. |
| <input type="checkbox"/> 4% of straight time plus overtime pay. | <input type="checkbox"/> 10% of straight time plus overtime pay. |
| <input type="checkbox"/> _____% of straight time plus overtime pay. | Contribution limit for 2024 is \$23,000 |

Catch-Up Contribution

If you are age 50 or older and are contributing the maximum amount allowable to the Plan, you may contribute **an additional** catch-up contribution, up to the annual IRS limit. The annual IRS catch-up contribution limit for 2024 is \$7,500. Please note that your contributions will continue until you have met the contribution limit for the year. If you would like to stop or increase your contributions, please submit a new form.

Employer Designation

Name of Employer/Contractor: _____

Authorized Representative: _____ Date: _____

I acknowledge receipt of information regarding my right to make employee 401(k) contributions to the Plan. I have reviewed my 401(k) election. The Plan permits me to defer compensation otherwise payable to me, and have my employer contribute my deferred compensation to the Plan on my behalf. I understand that my election will take effect as described in the formal Plan. I understand that I must make elections for each employer where I work or where I expect to work and such elections will remain permanent until changed by me. I understand that I must submit a new form (or forms if you work for more than one employer covered by the Plan) if I want to change my 401(k) contributions.

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

Original to Employer – Copy to Employee – Copy to the Fund Office - If copy machine not available, complete in duplicate.

Fund Office: Utility Workers Union of America DC Fund
6525 Centurion Drive, Lansing, MI 48917-9275
(517) 321-7502; FAX: (517) 321-7508

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