FLINT PLUMBING AND PIPEFITTING INDUSTRY DEFINED CONTRIBUTION PLAN 401(k) Election Form

To elect, change or stop your 401(k) pre-tax contributions to your 401(k) account, submit this form to <u>each</u> employer where you work or expect to work. It is your responsibility to request 401(k) deductions from your paycheck from each employer. If you do not submit a 401(k) Election Form to a new employer, your 401(k) election will be automatically revoked for this employer and all future employers until the next enrollment date, at which time you can resubmit a 401(k) Election Form. 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 for that employer.

Once per Plan Year (August 1 – July 31) you may elect to enroll on one of the following dates: July 31, October 31, January 31 or April 30, with any such election to take effect within two payroll cycles. You may stop your election at any time, but can only enroll once per Plan Year. You may change the amount of your 401(k) election once per Plan Year Quarter.

NAME: (Print only)		SOC. SEC.#			
Address		City	State	Zip	
Telephone Number		Email Address (optional)			
MAXIMUM ELECTION: The contribution Additionally, for those who turn age 60, 6 to \$34,750. The deferral hourly amounts s	1, 62, or 63 (not 64 or older)	in 2025, a "higher	catch-up contributi	on" is permitted up	
By signing this agreement, I hereby required changed by me as provided under the term			x) pre-tax contribut	ion as follows unti	
\$0.00. (I <u>revoke</u> my 401(k) election	and do <u>not</u> want to contribute	e anymore.)			
\$1.00 per hour	\$5.00 per hour	\$9.00 per	\$9.00 per hour		
\$2.00 per hour	\$6.00 per hour	\$10.00 per hour			
\$3.00 per hour	\$7.00 per hour	\$11.00 per hour			
\$4.00 per hour	\$8.00 per hour	\$11.75 per hour			
If you are age 50 or older, you may	elect the following amounts:				
\$10.00 per hour	\$12.00 per hour	\$14.00 per hour			
\$11.00 per hour	\$13.00 per hour	\$15.00 pe			
Higher catch-up contribution only for	or those turning 60-63 in 202	5: \$16.00	\$17.00		
	Employer Designat	ion			
Name of Employer/Contractor:					
Employer Authorized Representative:		Date:			
Lacknowledge receipt of information rega	arding my right to make emi	plovee 401(k) cont	ributions to the Pla	n I have reviewe	

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 I must make elections for each employer where I work, or expect to work, and such elections will remain in effect until changed by me. I understand 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 or suspend my 401(k) contribution.

SIGNATURE OF EMPLOYEE:	DA	ATE:	

Original to Employer – Copy to Employee – Copy to Local Union Office

If copy machine not available, complete in duplicate.

If you have any questions, contact the Pension Department at the Fund Office at 1-888-797-5261.