

SHEET METAL WORKERS LOCAL 49

DEFINED CONTRIBUTION PENSION

ADMINISTRATIVE FUND OFFICE

SOUTHWEST SERVICE ADMINISTRATORS, INC.
6121 Indian School Rd NE, SUITE 123
ALBUQUERQUE, NM 87110

PHONE: 505-265-8422
TOLL FREE: 800-432-6636
FAX: 505-266-9358
www.ssatpa.com

Voluntary Employee Wage Reduction Agreement – Elective Contributions Enrollment

According to the terms and provisions of the Collective Bargaining Agreement, I enter into this Voluntary Employee Wage Reduction Agreement (“Agreement”) with the Employer listed below:

EMPLOYEE INFORMATION *(please print)*

NAME _____ TELEPHONE NO. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NO. (Last Four) _____ EMAIL ADDRESS _____

LOCAL UNION NO. _____ EMPLOYER _____

CONTRIBUTION ELECTION

Note: Consult your tax advisor regarding the maximum annual limit that a plan participant may contribute to the elective (401(k)) portion of the Defined Contribution Plan. The maximum annual limit is subject to change by the Internal Revenue Service from time to time.

Effective the First Day of (month) _____, 20__ (or) new employment, effective _____, 20__

I request that the Employer reduce my gross wage by the percentage indicated: _____%, or dollar amount per hour indicated: \$ _____ or enter zero (\$0.00/0% to revoke my previous authorization.

The Employer will contribute to the Plan, on my behalf, the amount by which I have reduced my compensation under this Agreement (my “Elective Contributions”). My Elective Contributions are not subject to federal or state income tax until distributed from the Plan, but they are subject to Social Security taxes.

This Voluntary Employee Wage Reduction Agreement remains in effect until revoked by me. I may revoke my agreement at any time. I must provide the Employer with my revocation in writing, specifying the effective date. If I revoke this Agreement, I may reinstate it effective on the first day of any calendar month by submitting an additional form.

I understand that I must submit this form by the 15th day of a month in order for it to be effective on the 1st day of the next calendar month.. Likewise, if I revoke this Agreement or later want to reinstate it, I must do so by the 15th day of a month for it to take effect on the 1st day of the next calendar month.

I may also modify my Wage Reduction amount by filing a new agreement with my Employer and the Administrative Office. I must file a new Voluntary Employee Wage Reduction Agreement with each new Employer.

AUTHORIZATION

My signature will serve as authorization for my Employer to make the elective deferral contributions as indicated above.

Signature: _____ Date Signed: _____

EMPLOYEE’S SIGNATURE

**Complete and return this form to your Employer’s Payroll Office and the Administrative Office.
Remember that each time you change employment a new enrollment will need to be completed.**