

I.B.E.W. LOCAL 25 401(k) FUND ELECTION FORM

NAME: _____ S/S #: _____

ADDRESS: _____ EMPLOYER: _____

I hereby authorize my employer to defer:

☐ _____ % of my weekly salary OR ☐ \$ _____ per week

to the I.B.E.W. Local 25 401(k) Fund. I understand that (i) the minimum deferral is one (1%) of my weekly salary and (ii) I am allowed only one (1) election per Calendar Year with respect to each of my employers.

THE INTERNAL REVENUE CODE LIMITS THE MAXIMUM SALARY DEFERRAL CONTRIBUTION EACH YEAR. IF YOU EXCEED THE MAXIMUM CONTRIBUTION, THERE MAY BE A SIGNIFICANT PENALTY IMPOSED BY THE IRS. THE CURRENT LIMITATION IS AVAILABLE FROM THE FUND OFFICE.

Signature

Date