

## APPLICATION TO CHANGE MONTHLY 401(k) FUND BENEFITS

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

372 Vanderbilt Motor Parkway  
Hauppauge, NY 11788

Gentlemen:

I hereby request that you:

- \*\* INCREASE \_\_\_\_\_ **SPOUSE SIGNATURE REQUIRED BELOW**
- DECREASE \_\_\_\_\_
- NO CHECK or ACH / Direct Deposit UNTIL FURTHER NOTICE \_\_\_\_\_

My monthly 401(k) payment to \$ \_\_\_\_\_ Tax \_\_\_\_\_  
(20% tax is required; you may opt for a higher percentage)

Beginning with the payment for \_\_\_\_\_  
Month Year

NAME: \_\_\_\_\_  
Please Print

SS#: \_\_\_\_\_ MEMBER SIGNATURE: \_\_\_\_\_

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\*\* Increase benefits only SPOUSE SIGNATURE: \_\_\_\_\_

#### Verification

State of: \_\_\_\_\_ Signed and sworn to before me

County of: \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public: \_\_\_\_\_

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Electronic Deposit:

Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Routing No.: \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_