

**Sheet Metal Workers' Local Union No. 80 Annuity Fund
Salary Reduction Agreement for Pre-Tax Elective Deferral - 401(k)
Authorization, Election and Enrollment Form**

1. Participant Information (please print):

(a) Name: _____

(b) Address: _____
Number _____ Street _____
City _____ State _____ Zip _____

(c) Birth date: _____
Month _____ Day _____ Year _____

(d) Social Security Number: _____

(e) Marital Status: _____ Spouse's Name: _____

(f) Employer's Name: _____

2. Deduction Decision:

You may authorize your employer to deduct up to \$9.00 (in \$0.50 increments) per hour from your pre-tax gross wages (for straight-time hours only), which will be remitted to the Fund Office and deposited into your Annuity Fund account.

The total amount withheld cannot exceed the total yearly limit on elective deferrals provided in the IRS code. Please indicate your elective deferral amount in this section. **You must provide a copy of this form to your employer in order to implement this election!**

I authorize that the following hourly amount be deducted from my hourly wage and contributed to the Annuity Fund on my behalf. This authorization is contingent on my eligibility and my Employer's qualification to make contribution to the Annuity Fund.

Hourly Deferral Amount (circle one): **\$0.50 \$1.00 \$1.50 \$2.00 \$2.50 \$3.00 \$3.50 \$4.00**
\$4.50 \$5.00 \$5.50 \$6.00 \$6.50 \$7.00 \$7.50 \$8.00
\$8.50 \$9.00

The maximum amount you may deduct before tax basis is based on the amounts contributed by other participants. Under Federal Law, a portion of your before tax contributions may have to be returned if they exceed this maximum amount.

3. Employee Authorization:

I authorize my employer, _____, to withhold from my compensation _____ (insert amount circled above) each hour from my straight-time hourly gross wage and remit that amount to the Sheet Metal Workers' Local Union No. 80 Annuity Fund on my behalf. I understand that my maximum deferral amount is subject to IRS annual limitations. **This election shall remain in effect until I terminate my employment with my employer. I understand that if I am employed for more than six months by my employer, I may only change or revoke this election once per year effective on the first day of July each year.** I further understand that my participation in the Plan may be affected by the participation of other employees such that the Fund may be required to limit my deferrals in order to keep the Plan qualified under the Internal Revenue Code. I further understand that my participation and eligibility for benefits from the Plan is subject to the rules and regulations set forth in the Plan and that I am bound to the entire Plan's provisions. This deferral election supersedes all previous elections signed by me.

Signature: _____ Date: _____

You must provide the "Employer's Copy" of this form to your employer in order to implement this election. You should retain the "Employee's Copy" for your records. Please mail the "Original" completed form to the Fund Office.