UTILITY WORKERS' UNION OF AMERICA DEFERRED COMPENSATION FUND 401(k) Election Form

You may contribute 1% of your straight time plus overtime pay (your "gross" pay) to your 401(k) pre-tax contributions account. If you wish to elect a higher percentage, or change the percentage you contribute, submit this form to <u>each</u> employer where you work or where you expect to work. It is your responsibility (by completing this form) to request 401(k) deductions from your paycheck from each employer, or to have such deductions changed. 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.

NAME: (Print only)		SOC. SEC.#	SOC. SEC.# XXX–XX-		
Address		City	State	Zip	
Birth Date Telephone Number	<u> </u>	Email Address			
Employee 401	1(k) E	Election			
By signing this agreement, I hereby request to enroll in or change as provided under the terms of the Plan.			ontributions as follows unt	il changed by	
Check One Box:					
1% of straight time plus overtime pay.		5% of straight t	ime plus overtime pay.		
2% of straight time plus overtime pay.		6% of straight t	ime plus overtime pay.		
3% of straight time plus overtime pay.		8% of straight t	ime plus overtime pay.		
4% of straight time plus overtime pay.		10% of straight	time plus overtime pay		
% of straight time plus overtime pay.	Со	ntribution limit f	or 2025 is \$23,500		
Catch–Up Contribution If you are age 50 or older and are contributing the maximum amount allowable to the Plan, you may contribute an additional catch-up contribution, up to the annual IRS limit. The annual IRS catch-up contribution limit for 2025 is \$7,500 for ages 50 to 59 and \$11,250 for ages 60 to 63. Please note that your contributions will continue until you have met the contribution limit for the year. If you would like to stop or increase your contributions, please submit a new form					
Employer Designation					
Name of Employer/Contractor:					
Authorized Representative:		Da	te:		
I acknowledge receipt of information regarding my right to make employed. The Plan permits me to defer compensation otherwise payable to me, Plan on my behalf. I understand that my election will take effect as deseath employer where I work or where I expect to work and such elect must submit a new form (or forms if you work for more than one employer	e, and scribed ctions	nave my employer o d in the formal Plan. will remain permane	ontribute my deferred comp I understand that I must mal nt until changed by me. I un	ensation to the ke elections for derstand that I	
SIGNATURE OF EMPLOYEE:	DATE:				

Original to Employer – Copy to Employee – Copy to the Fund Office - If copy machine not available, complete in duplicate.

Revised: 11.5.2024