PLUMBING AND PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS
ELECTIVE CONTRIBUTION CHANGES

Please Complete This Form in Ink

EMPLOYEE INFORMATION

Last Name _____ First Name _____ MI _____ Date of Birth _____ Social Security Number _____

Address _____ City, State, Zip _____

Current Employer _____ Date of Hire _____

Union/Employee Classification ☐ Journeyman ☐ Apprentice (Indicate current year _____)

CONTRIBUTION ELECTION

To change the **amount** of your pay you want contributed to your salary deferral elective contribution account under the Plumbing and Pipefitting Industry Retirement Plan of Kansas (the "Plan") for each hour you work or to reduce it to zero, indicate the new amount below. In some cases the Tax Code may further limit your contributions. If a change needs to be made, you will be asked for another election. **You are eligible to make salary deferral contributions only if you are a covered employee working under a collective bargaining agreement with the Union that allows such contributions or if you are a Union, JAC, or Fund employee and your participation agreement allows such contributions.**

First Year Apprentices: None

All Other Apprentices and All Employees:

☐ $0.00 ☐ $.40 ☐ $.80 ☐ $1.20 ☐ $2.00 ☐ $3.00 ☐ $5.00

If you have elected to reduce your elective salary deferral contribution rate to zero, your election will be effective as of the first day of the first payroll period after this completed form is received by the Plan Administrator or the Union.

NOTE: You may, at any time, reduce your elective salary deferral contribution rate to zero. You may make any other change in your contribution rate twice each year, from **January 1 to January 15**, to be effective as of your employer's first payroll period beginning in February and **June 1 to June 15**, to be effective as of your employer's first payroll period beginning in July. **No change will be effective until it is received in the Plan Administrator's office, or at the Union office. Elections postmarked after January 15 or June 15 will not meet this deadline.**

EMPLOYEE'S SIGNATURE

I hereby revoke all previous instructions contrary to those shown on this form. I understand that I may reduce my salary deferral elective contribution to zero at any time, but any other change to my salary deferral elective contribution rate may only be made between **January 1 to January 15**, to be effective as of my employer's first payroll period beginning in February and **June 1 to June 15**, to be effective as of my employer's first payroll period beginning in July.

Signature _____ Date _____

For Plan Administrator use only:

Date Received by Local 441: _____ Date Received by Plan Administrator: _____

Date Sent to Employer: _____

Please sign and mail this original form to Plumbers and Pipefitters Local 441, 1330 E 1st St N, Suite 115, Wichita, Ks 67214 OR email it to ***email@ua441.org****. This will help us make certain that your deferred compensation election is properly deducted.*