

**PLUMBING AND PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS
ELECTIVE CONTRIBUTION CHANGES**

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		<input type="checkbox"/> Journeyman	<input type="checkbox"/> 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 working under a Local 441 Collective Bargaining Agreement that allows such contribution 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 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. All other changes in your rate of elective contributions may be made each year, but no later than January 15, and will be effective as of your employer's first payroll period beginning in February.

NOTE: You may, at any time, reduce your elective contribution rate to zero. You may make any other change in your contribution rate from January 1 thru January 15, to be effective as of your employer's first payroll period beginning in February. **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 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 by January 15 each year.

Signature

Date

For Plan Administrator use only:

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

Date Sent to Employer: _____

~Please complete this Form with ink and return the original signed Form to C&J Benefit Solutions Inc., or to Plumbers and Pipefitters Local 441. This will help us make sure your deferred compensation election is properly deducted.