I.B.E.W. LOCAL NO. 704 401(k) PLAN

Enrollment/Change Form

Name _____, _____
Last First Initial

Address _____

_____

Social Security No. _____ **Date of Birth** _____

Effective Date: _____ **Date of Hire** _____

A. What is the Purpose of this Form? Check the appropriate box(es) below and complete the applicable sections.

- ☐ Although newly eligible, I do not wish to contribute at this time.
- ☐ I wish to suspend contributions at this time.
- ☐ New Enrollment
- ☐ Change Contribution Rate
- ☐ Reactivate Participation
- ☐ Basic Data Change
- ☐ Rehire/Rollover

B. Contribution Rate Election – How Much You Want to Save

I hereby elect to contribute _____% of salary.
(1 % up to 50%)

This election can only be made effective January 1st or July 1st and may not be changed until the next enrollment period unless you change employers.

The 2027 personal contribution limit is $25,500.

Signature This form **must** be signed, dated and returned 10 days prior to the effective date of the change. **Date**

_____ | _____

I authorize the Plan Administrator to take the action indicated above with regard to my participation in the Plan.