

Electrical Workers Local No. 292 401(k) Plan ENROLLMENT FORM

Please complete this form if you are NOT currently participating in the 401(k) Plan and would like to begin.
This form must be returned to the Fund Office in the envelope provided.

Step 1

PARTICIPANT INFORMATION

Name _____

Address _____

City/State/Zip _____

Social Security No. _____

Who is your current employer? _____

Step 2

SELECT THE AMOUNT OF PRE-TAX CONTRIBUTION

On a monthly basis, your employer will withhold from your wages and send to the Administrator an amount determined by you. Please refer to the Summary Plan Description to determine the maximum you may contribute based upon your position. Please indicate the amount you would like to contribute per hour:

\$____.____ per hour pre-tax deduction

Fill in increments of .50¢.

You may change your deduction once a month, or anytime you work for a new employer. Please contact the Fund Office for a 401(k) Deduction Form if you wish to change your deduction at 952-591-7733 or 1-800-368-9045.

Step 3

SELECT HOW CONTRIBUTIONS ARE TO BE INVESTED

- To select how contributions are to be invested, you must contact Benefits Complete® at 1-800-294-3575 or on the Internet at <http://www.bcomplete.com>
- If you do not make an investment election, your contributions will be invested in the Janus Balanced Fund.

Step 4

BY SIGNING THIS AUTHORIZATION YOU

Authorize your employer to deduct from your compensation the amount stated in step 2.

Changes are executed on the first day of the calendar month.

Send completed form to: IBEW Local 292 Fringe Benefits Office, 5100 Gamble Dr., Suite 430, St. Louis Park, MN 55416.

Signature of Member _____

Date _____

WHITE - LOCAL 292 FUND OFFICE'S COPY

YELLOW - MEMBER'S COPY

PINK - CONTRACTOR'S COPY