

**PLUMBERS & FITTERS LOCAL UNION 101
401(K) PLAN ELECTION FORM**

Name: _____ Social Security #: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Birth Date: _____ Married: _____ Yes _____ No
 If Married, Spouse's Name: _____ Social Security #: _____
 Effective Date: _____ (Date of Enrollment or Change of Election)

INVESTMENT ELECTIONS

___ I hereby elect to have all new contributions to my retirement plan account invested in the following manner.
 ___ I hereby elect to have my existing retirement account invested in the following manner.
 ___ I elect to have both my new contributions and existing retirement plan account balances invested in the following manner:

MONEY MARKET FUND	Vanguard Federal Money Market	_____ %
SHORT GOVERNMENT	Vanguard Short-Term Treasury	_____ %
TOTAL BOND FUND	Vanguard Total Bond Market Index	_____ %
BALANCED	Vanguard Balanced Index	_____ %
LARGE CAP VALUE FUND	Vanguard Value Index	_____ %
LARGE CAP BLEND FUND	Vanguard 500 Index	_____ %
LARGE CAP GROWTH FUND	Vanguard Growth Index	_____ %
MID-CAP BLEND FUND	Vanguard Mid-Capitalization Index	_____ %
SMALL CAP BLEND FUND	Vanguard Small Cap Index	_____ %
INTERNATIONAL	Vanguard Developed Markets Index	_____ %
REAL ESTATE INVESTMENT TRUST	Vanguard REIT Index Fund	_____ %
	Total	100%

SIGNATURE: _____ **Date** _____

(You must sign this form)

I have received material describing the investment goals and characteristics of the various funds available. Vanguard Fees are subject to change.
Please Note: If a participant fails to make an investment election on this form, then 100% of that participant's account balance will be directed to the Vanguard Balanced Index Fund. Fund selection must be turned into the Fund Office 15 days prior to the beginning of a calendar quarter.

DESIGNATION OF BENEFICIARY

Note: If you are a married participant in the 401(k) Plan, then your spouse has the right to be the primary beneficiary for death benefits payable from this plan. Your spouse may waive this right by consenting to your designation of someone else as the beneficiary (see the Spouse's Consent below). A Spouse's signature on the consent form must be witnessed by either a Notary Public or a Plan Representative. If you are under age 35 Federal law requires that your spouse sign a new consent at the start of the plan year when you reach age 35 for the consent to remain in effect.

I HEREBY DESIGNATE _____ (Relationship _____ SS# _____
 Date of Birth _____) as the **primary** beneficiary (beneficiaries), to receive any benefits payable as a result of my death from the 401(k) Retirement Plan.

I HEREBY DESIGNATE _____ (Relationship _____ SS# _____
 Date of Birth _____) as the **contingent** beneficiary (beneficiaries), to receive any benefits payable as a result of my death from the 401(k) Retirement Plan, in the event that the aforementioned primary beneficiary (beneficiaries) dies before me.

SPOUSE'S CONSENT: I consent to this designation of beneficiary by my spouse. I understand that it eliminates death benefits that would be otherwise payable to me if my spouse dies. This consent is irrevocable unless my spouse changes the designation.

Spouse's Signature: _____ Date _____

Witnessed before me this _____ day of _____, _____. Notary Public Term expires: _____

Plan Representative Signature or Notary Public Signature: _____ Title _____

PARTICIPANT'S SIGNATURE: _____ **Date** _____

TRUSTEE/PLAN REPRESENTATIVE SIGNATURE: _____ **Date** _____