

# PLUMBERS & PIPEFITTERS LOCAL UNION 101 – 401(k) PLAN

1903 52<sup>nd</sup> Avenue  
Moline, Illinois 61265

## TAX DEFERRED SAVINGS ENROLLMENT FORM – CHANGE AND SUSPENSION FORM

Name \_\_\_\_\_  
Please Print

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_  
Please Print

**PLEASE COMPLETE:**

**PART A** if you wish to enroll or to change the amount of your tax deferred savings deduction

**PART B** if you wish to suspend your deductions

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**PART A**

**ELECTION FOR PAY REDUCTION CONTRIBUTIONS**

I authorize my employer to reduce my hourly pay by				
\$1.00	\$2.00	\$3.00	\$4.00	\$5.00
\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
Per hour effective date _____				

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**PART B**

**SUSPENSION OF PAY REDUCTION CONTRIBUTIONS  
REQUEST THAT MY PAY CONTRIBUTIONS BE SUSPENDED**

I understand that I can only resume my contributions on the first day of any calendar quarter hereafter. In order to resume contributions on the first day of any calendar quarter, I must submit a new enrollment form no later than the 15 <sup>th</sup> day of the month preceding the first month of the calendar quarter.
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date