

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

1903 52nd 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

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	Other Amount (must be \$1.00 increments) _____			
effective date _____						

Signature

Date

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 15th day of the month preceding the first month of the calendar quarter.

Signature

Date