IBEW LOCAL 40-NECA 401(k) PLAN
Wage Deferral Enrollment Form

EMPLOYEE INFORMATION

Name (Last, First, MI)	Social Security Number
Address	Date of Birth
City State Zip	Home Phone
Are you a member of IBEW Local 40? (Circle) Yes No	Marital Status
Current Employer	Date of Hire

CONTRIBUTION RATE

A. Circle the hourly amount of your compensation that you want to contribute to your Plan account, not to exceed $19,000 in 2019, as periodically adjusted. If you do not want any of your compensation deducted from your wages and contributed to your 401(k) Plan account, circle $0.

B. This wage reduction shall be applied each pay period until written direction for change is received.

C. The election will be effective as soon as received and processed by your employer's payroll office/department. If you change employers, please allow one week for administrative processing.

$0.00	$6.00
$1.00	$7.00
$2.00	$8.00
$3.00	$9.00
$4.00	$10.00
$5.00	

AUTHORIZATION AND SIGNATURE

I hereby authorize payroll deduction of plan contributions in accordance with the level I have indicated above. I understand this constitutes a "cash or deferred" arrangement under section 401(k) of the IRC and that my contributions are subject to the withdrawal restrictions of the plan.

I acknowledge that my voluntary contributions to the Plan *cannot* be reciprocated to another IBEW Pension Fund and that I will become a Participant of this Plan and I will be responsible for directing the investment of my voluntary contributions within the investment options available under the Plan.

I acknowledge that my contributions will be invested in my individual account in the manner currently on file with Putnam Investments.

_____ _____

Date Signature

DESIGNATION OF BENEFICIARY

IMPORTANT NOTICE REGARDING DESIGNATION OF BENEFICIARY

To the Employee: Federal law requires that if you are married, benefits payable under the Plan by reason of your death must be paid to your surviving spouse. However, you have the right to designate a beneficiary other than your spouse, provided your spouse consents, in writing, to the designation.

To the Employee's Spouse: If your spouse designates someone other than you as primary beneficiary, the designation will only be effective if you agree to the designation by signing the Spouse's Consent below and it is witnessed by a notary public or Plan representative.

I hereby designate the following individual or individuals as my beneficiary or beneficiaries under the IBEW Local 40-NECA 401(k) Plan, and I hereby revoke any beneficiary designations previously made by me.

Primary Beneficiary _____
Last **First** **Middle**

SSN: _____ **Date of Birth:** _____ **Relationship to Employee:** _____

Contingent Beneficiary _____
Last **First** **Middle**

SSN: _____ **Date of Birth:** _____ **Relationship to Employee:** _____

Contingent Beneficiary _____
Last **First** **Middle**

SSN: _____ **Date of Birth:** _____ **Relationship to Employee:** _____

_____ _____
Date **Participant Signature**

SPOUSAL CONSENT

I consent to my spouse's designation of the beneficiary or beneficiaries named above. I understand and agree that, unless I am named as my spouse's primary beneficiary above, I am hereby waiving and relinquishing important survivor benefits under the Plan.

_____ _____
Date **Signature of Spouse**

SUBSCRIBED AND SWORN to before me this _____ **day of** _____, **in the year** _____ .

_____
NOTARY PUBLIC/PLAN REPRESENTATIVE in and for the

State of _____

My Commission Expires: _____