

Local No. 1 Retirement Savings Plan 401(k) Elective Deferral Contribution Form

PARTICIPANT INFORMATION (please print)

Name (First, Middle Initial, Last)

_____-_____-_____
Social Security Number

Home Address

Marital Status

City/Town

State

Zip Code

____/____/____
Birth Date

PARTICIPANT CONTRIBUTIONS

I elect to contribute \$_____ from my second paycheck each month to the Local No. 1 Retirement Savings Plan.

-OR-

I elect to NOT contribute to the Local No. 1 Retirement Savings Plan.

Any elected contributions pursuant to the above will be taken out of your second paycheck of each month and remitted to the Plan's Trust Fund. Such elections may be terminated at any time upon 30 days' notice to the Fund Office, but changes to the amount of the elective deferral may be made only as of January 1 or July 1 of each year. If no election is made, or this form is not completed properly or returned to the Fund Office, no employee elective contributions to the Plan will be withheld.

EMPLOYER INFORMATION

Employer

Employer Number

Month in which first deferral will be deducted from employee's second paycheck of that month: _____
(Initial deferral should be deducted no earlier than 30 days from date this form is signed by employee.)

Signatures

I authorize the above election/change and understand that the election/change will be effective as soon as administratively feasible in accordance with the terms above, and that any initial deferral election will not be effective earlier than 30 days from the date I file this election form with my employer.

Participant: _____ Date _____

Employer: _____ Date _____

Official Use Only

Wilson-McShane Corporation _____ Date _____
