Plumbers & Pipefitters Local 172 Voluntary 401(k) Plan



6525 Centurion ● Drive Lansing ● MI ● 48917 (517)321-7502 or (833)767-0172

Elective Contribution Authorization

BPAS Plan Number 170203

Last Name	First Name
Street Address	City, State, Zip
Social Security Number	Phone Number

This election authorizes my employer to withhold from my pay the amount designated below. I understand my elective contributions will reduce my take-home pay, and that income taxes will <u>not</u> be withheld or payable on such amounts until a distribution occurs. Social Security (FICA) and Hospital Insurance (Medicare) taxes will be withheld and paid on such amounts.

I understand that this election:

- May be stopped at any time in accordance with the provisions of the Plan; and
- Supersedes any previous election by me.

Your total maximum elective contributions to this Plan and all other plans to which you make elective deferral contributions during calendar year 2021 is limited by law to:

- \$22,500 (approximately \$433/week) if you will not be age 50 by 12/31/2021; or
- \$30,000 (approximately \$575/week) if you are or will be age 50 by 12/31/2021.

You must monitor those limits and stop contributions to this Plan if you will exceed those limits, taking into account any other plans to which you contribute by elective deferral from your wages. If you exceed the applicable limit, you should advise the Fund Administrator by January 31 of the following year and instruct that any excess contributions be removed from the Plan and returned to you. **The IRS penalizes contributions that exceed the applicable limit.**

I elect to contribute \$______ of my eligible compensation per hour paid. (\$0.50 to \$15.00 per hour). Effective Date ______

I elect to suspend my previous 401(k) elective deferral contributions immediately. Effective Date _____

Participant's Signature

Date

Please submit a copy of this form to your current employer and a copy to the Fund Office at:

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