

**TAX DEFERRED SAVINGS AUTHORIZATION FORM  
FOR  
LOCAL UNION 124 IBEW – NECA 401(k) PLAN**

**INSTRUCTIONS TO EMPLOYEE  
•Complete and Return to Employer**

(Name of Employer) \_\_\_\_\_

**Personal Information Please Complete:**

(Employee Name) \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Mark box if 50 years of age or older

Date of Hire: \_\_\_\_\_

I am not related to any other employee of the Employer

I am related to the following other employees of the Employer

Name: \_\_\_\_\_ Title (if any): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Title (if any): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Tax Deferred Savings Election CHECK ONE:**

- This is my initial Tax Deferred Savings Election (effective immediately as a new hire or will begin with the first paycheck that includes January 1 or July 1 in the pay period)
- This form is filed to change the amount of my current Tax Deferred Savings Election (effective with respect to paychecks received after the next January 1 or July 1)
- This form is filed to stop my current Tax Deferred Savings Election (effective any date)
- I do not wish to participate at this time in the Tax Deferred Savings Election.

Effective with respect to my pay due on or after \_\_\_\_\_ (see previous page for limits on the date you may choose), and continuing for all future pay periods until revoked or modified in accordance with the circumstances set forth below, please defer to the IBEW – NECA 401(k) Plan, to my credit, \$ \_\_\_\_\_ (insert \$0.50, \$1.00, \$1.50, \$2.00, \$2.50, \$3.00, \$3.50, \$4.00, \$4.50, \$5.00, \$5.50, \$6.00, \$6.50, \$7.00, \$7.50, \$8.00, \$8.50 or \$9.00. If over 50 years of age, you may insert \$9.50, \$10.00, \$10.50, \$11.00, \$11.50 or \$12.00) for each hour I am paid.

I understand:

- that my Employer or the Plan Administration may amend or revoke this Election at any time, if the Employer or Plan Administration determine that such revocation or amendment is necessary to ensure my deferrals do not exceed in a Plan year the maximum amount permitted under sections 402(g) or 415(c) if the Internal Revenue Code, or necessary to ensure satisfaction of the nondiscrimination tests under section 401(k) of the Code for such plan year, or for any or all such reasons;
- that this Election shall be revoked automatically upon the loss of eligibility to participate in the Plan, or my termination of employment with the Employer listed above.

\_\_\_\_\_ Date \_\_\_\_\_ Participant's Signature

**INSTRUCTIONS TO EMPLOYER**

•Sign and Date Below •Email this Form to Fund Office to [mrangel@ibew124benefits.org](mailto:mrangel@ibew124benefits.org) •& Keep this Copy for your Files

This Form was received from the Employee on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Date \_\_\_\_\_ Signature and Title of Employer Representative