

**ARIZONA PIPE TRADES DEFINED CONTRIBUTION TRUST FUND**  
**EMPLOYEE AUTHORIZATION TO DEFER ELECTIVE CONTRIBUTIONS**

I hereby authorize my Employer \_\_\_\_\_ to withhold from my hourly wage the amount selected below. The Employer shall report the amount withheld on the monthly Employer Reporting Form beginning no later than the first reporting month after the Employer receives a copy of this Authorization form. The Employer shall send the report and the money withheld to the Administrative Office no later than the 15<sup>th</sup> day of the next month. The Employer shall not report the deferred elective contributions as Federal or State taxable income but will withhold FICA (Social Security) and Medicare taxes.

**NOTICE TO TRAVELERS:** You are eligible to elect 401(k) wage deferrals only if your home local maintains either a 401(k) plan or a defined contribution plan with a 401(k) option. **You should check with your home local before electing a deferral.** If you are not eligible, deferral amounts will be refunded through your employer to you as taxable income.

**DEFERRAL LIMITS:** You may defer \$.50, \$1.00, \$1.50, \$2.00, \$2.50, \$3.00, \$4.00, \$5.00, \$6.00, \$7.00 or \$8.00 per hour or additional amounts in increments of \$1.00 of your hourly wage. In 2025, IRS rules limit deferrals to \$23,500 per year except if you are age 50 or older you may defer up to \$31,000 (and up to \$34,750 if you attain age 60, 61, 62, or 63 in 2025). The limits do not include the contributions your Employer makes on your behalf. Deferral amounts in excess of these limits will be refunded to you as taxable income.

I choose to defer \$ \_\_\_\_\_ per hour worked.

I choose to change my deduction from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per hour worked.

I choose to stop my payroll deduction of \$ \_\_\_\_\_. Date: \_\_\_\_\_

I understand that:

- (1) I may change the deferral amount only during an annual enrollment period or upon dispatch to a new employer;
- (2) I may terminate this authorization at any time by completing a new form; and
- (3) This contribution is strictly voluntary and is in addition to the mandatory employer contribution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYER please email or fax copy and mail ORIGINAL to:**

**Arizona Pipe Trades Trust Fund  
3109 N. 24<sup>th</sup> Street, Suite 105  
Phoenix, AZ 85016  
Fax #: 602-956-3016; Email: [staff@azpipe.org](mailto:staff@azpipe.org)**

**U.A. Local #469  
3109 N. 24<sup>th</sup> Street,  
Phoenix, AZ 85016  
Fax #: 602-956-9782; Email:  
[tpleitez@ualocal469.org](mailto:tpleitez@ualocal469.org)**

**EMPLOYEE & EMPLOYER please RETAIN COPY for your records.**

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