

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 15th 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. 24th Street, Suite 105
Phoenix, AZ 85016
Fax #: 602-956-3016; Email: staff@azpipe.org

U.A. Local #469
3109 N. 24th Street,
Phoenix, AZ 85016
Fax #: 602-956-9782; Email:
tpleitez@ualocal469.org

EMPLOYEE & EMPLOYER please RETAIN COPY for your records.