

IBU of the Pacific National 401(k) Plan

401(k) Plan Contribution Authorization Form

Personal Information (Please Print or Type)

Plan Name Inlandboatmen's Union of the Pacific National 401(k) Plan	Contract No. TH4402	ER. No.
Participant Name	Soc. Security No.	

Part 1 - Start or Change Contribution Amount

I request that my future earnings from the company be reduced by the deferral percentage change(s) shown below. The amounts deducted from my earnings will be contributed for me to the 401(k) Plan. This modification is binding and irrevocable with respect to amounts earned while it is in effect, except to the extent amounts must be reduced to meet limits stated in the Plan. This modification will continue in effect for future earnings until changed by me in writing in accordance with Plan provisions. This modification will also continue in effect as long as I am a participant in any of the above listed 401(k) Plans.

Change my salary deferral to _____ % of my earnings or \$ _____ per pay period.

This change will be effective the first day of the next pay period after your Employer's payroll department receives this form, unless a later pay period date is specified: ____/____/____.

Signature _____ Date _____

Part 2 - Discontinue Contributions

I request to discontinue my contribution to the 401(k) Plan. I understand I may resume contributions on any Plan Entry Date provided I have completed an Enrollment Application before that date.

Discontinue my salary deferral contributions.

This change will be effective the first day of the next pay period after your Employer's payroll department receives this form, unless a later pay period date is specified: ____/____/____.

Signature _____ Date _____

Please return the completed form to your employer.