



## INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 399 Deferred Compensation Employee Savings Plan

To: All Employees Covered by IUOE Local 399 Default Elective Deferral Agreement

As provided under the IUOE Local 399 Default Elective Deferral Agreement, the IUOE Local 399 Deferred Compensation Savings Plan has been established as a 401(k) plan to provide supplemental retirement benefits to covered employees, spouses and beneficiaries.

If you are covered by the IUOE Local 399 Default Elective Deferral Agreement, you are eligible to make elective deferrals from your paycheck on a tax deferred basis.

You can defer amounts from 1% to 100% of your compensation by completing the three (3) enclosed forms: **Auto Enrollment/Change Form, Census Form and Beneficiary Designation Form**, and emailing to the Fund Office at [enrollment@iuoe399dcsavings.org](mailto:enrollment@iuoe399dcsavings.org)

**If you do not complete and email all Forms, you will be deemed to have elected the default deferral rate of 3% of compensation.** You will be able to change your rate of deferral on a quarterly basis.

Depending on the rate of deferral you elect, your employer will withhold the applicable percentage from your compensation. Employers are required to remit the elective deferrals by the 15<sup>th</sup> business day of the following month to the Fund Office. The Fund Office will transfer the elective deferrals to John Hancock, the Plan record keeper for deposit into your account. You will receive account statements on a quarterly basis and will be able track your account through the record keeper's internet website at [www.myplan.johnhancock.com](http://www.myplan.johnhancock.com). Once your account is established, you will be able to choose from a lineup of investment options and will be eligible to change your investment election twice a month.

The new Plan allows you to save on a tax deferred basis. Your account is 100% vested and will build tax free until distributed. You are eligible for a distribution if you terminate employment, the attainment of age 59 ½, and death.

If you have any questions about the 401(k) Plan, please contact the Fund Office.

**IMPORTANT: Email all three (3) forms - Auto Enrollment/Change Form, Census Form and Beneficiary Designation Form**, to the Fund Office at [enrollment@iuoe399dcsavings.org](mailto:enrollment@iuoe399dcsavings.org)



**INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 399**  
**Deferred Compensation Employee Savings Plan**

**Census Form**

SS# \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MANAGEMENT COMPANY \_\_\_\_\_

JOBSITE LOCATION \_\_\_\_\_

JOBSITE ADDRESS \_\_\_\_\_

Please email all forms to: [enrollment@iuoe399dcsavings.org](mailto:enrollment@iuoe399dcsavings.org)

# CONTRIBUTION FORM

## IUOE Local 399 & Participating Employers Deferred Comp Employees Savings Plan

PARTICIPANT'S NAME	SSN (LAST 4 DIGITS)
EMPLOYER'S NAME	JOB SITE LOCATION

Use this form to start making contributions, change the amount of your contributions, or stop your contributions to the Plan. Check the appropriate box below and select your desired contribution rate(s) in whole percentage(s). In the event your contributions in any year exceed those permitted by the Plan, the excess (plus any credited earnings) can be returned to you.

### I. REGULAR CONTRIBUTIONS

- ☐ A. **Pre-Tax Contributions** – I elect to have \_\_\_\_ % (between 1 – 100%) deducted per paycheck on a pre-tax basis and contributed to the Plan.
- ☐ B. **Roth Contributions** – I elect to have \_\_\_\_ % (between 1 – 100%) deducted per paycheck as Roth contributions to the Plan.
- ☐ C. **Stop Contributions** – I elect to stop all pre-tax and/or Roth contributions to the Plan. I understand that my contributions will cease as soon as administratively possible following the return of this form. I also understand that I may elect to begin contributions again by completing a new **CONTRIBUTION FORM**.

### II. CATCH-UP CONTRIBUTIONS (Allowed if you are age 50 or older, or will be age 50 by the end of the calendar year)

If you are age 50 or older, or will be age 50 by the end of the calendar year, you may be eligible to make a “catch-up” contribution on a pre-tax basis for the year. Catch-up contributions allow you to save above the normal IRS annual limit on a pre-tax basis. For current IRS limits, contact John Hancock. Any intended catch-up contribution may be treated as a regular pre-tax contribution until your total pre-tax contributions for the year reach the maximum limit permitted under the Plan.

- ☐ A. **Catch-Up Contributions** – I elect to have \_\_\_\_ % (between 1 – 100%) deducted per paycheck on a pre-tax basis for catch-up contributions to the Plan.
- ☐ B. **Stop Catch-Up Contributions** – I elect to stop all catch-up contributions to the Plan. I understand that my catch-up contributions will cease as soon as administratively possible following the return of this form. I also understand that I may elect to begin catch-up contributions again by completing a new **CONTRIBUTION FORM**.

### III. INVESTMENT ELECTION

I understand that if I have an existing account balance and I have completed this **CONTRIBUTION FORM**, my current investment elections for my future contributions will remain in place until I access my account by contacting John Hancock. I also understand that if I have no existing investment election, all future contributions made on my behalf will be invested in Plan's default fund.

### IV. SIGNATURE

I hereby authorize the Company to implement my election(s) as indicated on this form. I understand the amount I elect can be decreased by the Company at any time in order to comply with the requirements of the Internal Revenue Code.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_



# INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 399

## Deferred Compensation Employee Savings Plan

### Beneficiary Designation Form

Member's Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the above listed 401(k) Plan.

Note: If you are legally married at the time of your death Federal law and the 401(k) Plan require that benefits are paid to your surviving spouse unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Plan will require a notarized statement from your spouse – see bottom of form for notarized consent by your spouse.

#### **Beneficiary Designation**

Primary Beneficiary \_\_\_\_\_ Percentage of benefit \_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

In the event your Primary Beneficiary(ies) pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid based on the percentages you indicate.

Contingent Beneficiary \_\_\_\_\_ Percentage of benefit \_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Percentage of benefit \_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

(Attach additional paper if necessary—please ensure that you indicate “primary” or “contingent” and percentage.)

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund office and only if **received** prior to my death. Further, I understand that this designation shall be cancelled if my current marriage ends and I remarry, which would make my legal spouse at the time of my death my new primary beneficiary.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Spousal consent of alternate beneficiary designation as noted above:**

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through this Fringe Benefit Fund. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed to and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

\_\_\_\_\_ My Commission expires: \_\_\_\_\_

Please email all forms to: [enrollment@iuoe399dcsavings.org](mailto:enrollment@iuoe399dcsavings.org)