

IUOE Local 877 Annuity Fund
401K CONTRIBUTION CHANGE FORM

A. PLAN INFORMATION

Plan Sponsor Name: IUOE Local 877 Annuity Fund
Plan I.D.: 4-45394

B. PERSONAL INFORMATION

Participant Name: _____

Social Security No. _____ - _____ - _____

C. CHANGE CONTRIBUTION

I request that my future salary from the company be reduced by the deferral/percentage change(s) shown below. The amounts deducted from my salary will be contributed for me to the retirement plan named above. 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 my salary 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 the above listed retirement plan.

Change my salary deferral to _____ % of my salary OR \$ _____ per pay period

Signature: _____ Date: _____

D. DISCONTINUE CONTRIBUTIONS

I request to discontinue my contributions to the retirement plan listed above. I understand I may resume contributions on the next available Plan Entry Date provided I have re-enrolled in the Plan before that date.

The effective date of this change will be based on Plan provisions and after the company payroll department receives this form, unless I specify a later date: ____/____/____

Signature: _____ Date: _____

THIS FORM SHOULD BE RETURNED TO THE IUOE LOCAL 877 ANNUITY FUND OFFICE.

Send to Melissa Warner at: melissa.warner@benesys.com or Fax: 617-514-3093