

U.A. Local No. 393 Benefit Funds

HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

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U.A. LOCAL NO. 393 DEFINED CONTRIBUTION (“PART B”) PLAN

ACKNOWLEDGMENT AND WAIVER FORM FOR PARTICIPATION IN THE SELF-DIRECTED INVESTMENT PROGRAM WITHOUT ATTENDING CLASS

Because there are now increased investment options available under the Plan, the Trustees believe that it is in each participant's best interest to receive education about those options and about investing for retirement in general. To promote the goal, they have arranged for regular educational meetings at the Local Union, taught by the Plan's investment consultant, Don Grijalva of Raymond James & Associates. Mr. Grijalva can also assist you in getting additional information about the Plan's investment options, as well as documents such as prospectuses and financial reports for mutual funds available through the Plan, at (408) 533-9112.

PLEASE NOTE THE FOLLOWING PLAN RULE: If you have not attended an educational meeting about the Plan's investment options, you may direct the investment of your Plan account only if you review the informational packet prepared by the Plan's professional advisors, and sign this waiver. If you do not sign the waiver, your Plan account will remain invested in the pooled investments of the Plan, unless you have previously invested in McM Funds. In that case, your existing account will remain invested according to your last instructions, until you attend a class or sign a waiver.

ACKNOWLEDGEMENT AND WAIVER

1. I acknowledge that I am solely responsible for the investment of my account among the options available under the Plan. I understand that this responsibility includes becoming educated about the investment options under the Plan and about investing for retirement in general. I also understand that if I direct the investment of my account, the only income, interest or gain which I will earn on any portion which I have directed will be the income, interest or gain on the investments into which I have directed my account, and I will suffer any losses which those investments suffer.
2. I have received and reviewed the packet prepared on behalf of the Plan, including the detailed information about the investment options available under the Plan and about how to direct the investment of my Plan account.
3. I acknowledge that I had the opportunity to attend classes and receive additional information before directing the investment of my Plan account. I hereby waive the opportunity to attend classes before directing the investment of my Plan account, and request that I be allowed to participate in the expanded self-direction program.

Participant Name: _____ SSN: _____

Signature: _____ Date: _____