

**Northwest Sheet Metal Workers Pension and  
Supplemental (401k) Pension Trust**

**SUPPLEMENTAL PENSION PLAN (401K)  
EMPLOYEE ELECTIVE CONTRIBUTION FORM**

I hereby authorize my employer \_\_\_\_\_ to deduct the amount  
(EMPLOYER NAME)

indicated below from my hourly wage (as deferred income) effective \_\_\_\_\_.  
(date)

I realize that I may cancel the option by giving thirty (30) days advance notice to my employer; or I may change the amount of my deduction at any time throughout the year prior to the employer's payroll cut off period.

<b>To be completed by <u>Employee</u></b>	
Name: _____ (please print)	SSN: _____
If you are under 50 years old:	
Deduction Amount \$ _____ per hour. The annual maximum amount for 2025 is \$23,500.00.	
If you are 50 years old or older by the end of 2025:	
Deduction Amount \$ _____ per hour. The annual maximum amount for 2025 is \$31,000.00.	
_____ Employee Signature	_____ Date Signed

◆◆◆Please present this completed form to your employer, who will initiate the payroll change in your elective deferral. Employees should keep a copy of this form for your records. ◆◆◆

<b>To be completed by <u>Employer</u></b>	
Business Name: _____	
Date Received: _____	Date of 1st Deduction: _____
_____ Authorized Employer Rep. Signature	_____ Date Signed
A copy of this form does <u>not</u> need to be returned to the Trust Office.	
For questions, please call: (503) 222-7694 (800) 413-4928 Fax (503) 228-0149	