

**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.

To be completed by Employee

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. ♦♦♦

To be completed by Employer

Business Name: _____

Date Received: _____ Date of 1st Deduction: _____

Authorized Employer Rep. Signature

Date Signed

A copy of this form does not need to be returned to the Trust Office.

For questions, please call: (503) 222-7694 (800) 413-4928 Fax (503) 228-0149