

**401(k) Plan for the Southern Nevada and California Glaziers,
Fabricators, Painters and Floorcoverers Pension Trust Fund ("Plan")
WAGE REDUCTION AGREEMENT ("Agreement")**

(Name of "Employer")

☐ Initial Enrollment ☐ Change of prior election ☐ Cancellation

I. Participant Information – PLEASE PRINT

Participant's Name ____/____/____ ____-____-____
Date of Birth SS#

Street Address City State Zip

Telephone Number: (____) _____ Email: _____

II. Wage Reduction Election and Instruction/Maximum Wage Reduction

I, _____, authorize \$____.____ per hour to be withheld from my Wages. My Wage Reduction will take effect: (1) on the date of this Agreement; or (2) upon my employment by a Participating Employer (if I am a newly Eligible Employee); or (3) during any off-cycle Wage Reduction Election period allowed by my current Employer, beginning on the next pay period following submission of this Agreement to my Employer and the Administrator; or (4) on the next January 1 or July 1 - whichever is earlier.

I further authorize my Employer to remit a 20__ "Catch-Up" Contribution and/or additional Elective Deferral Contributions to the Plan not to exceed \$____.____. The amount I contribute will be a multiple of \$0.25 cents per Work Hour.

I understand that the total amount of my Wage Reduction Contributions in any calendar year cannot exceed the limits specified by the Internal Revenue Code for that year.

III. Date Wage Reduction Begins

I understand that my Wage Reduction Contribution will start as soon as permitted under the Plan and as soon as administratively feasible.

I understand that my information must be complete when submitted, and, if not, the start date for my Agreement may be delayed, until all information is complete and submitted to my Employer and the Administrator.

IV. Duration of Election

This Agreement replaces any earlier Agreement and will remain in effect as long as I remain an Eligible Employee under the Plan or until I provide my Employer with (a) a request to end my Wage Reduction Contributions or (b) a new Agreement, as permitted under the Plan. My current instructions will remain in effect until the beginning of the next six (6) month period, when I can make changes to my Contributions.

V. Signatures

Signature of Employee: _____ Date: _____

Signature of Employer: _____ Date: _____

WHITE – Employer Copy

YELLOW – Administrator Copy

PINK – Employee Copy