

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

I hereby authorize my employer _____ (fill in name of your employer) to deduct the amount 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 2016 is \$18,000.00.

If you are 50 years old or older by the end of 2016:
Deduction Amount \$ _____ per hour. The annual maximum amount for 2016 is \$24,000.00.

Employee Signature

Date Signed

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

◆◆◆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. ◆◆◆