

IBEW LOCAL NO. 461 FRINGE BENEFIT FUNDS

IBEW Local No. 461 Welfare Fund
IBEW Local No. 461 Defined Contribution Pension Plan

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

401(k) OPT-IN ELECTION FORM

(Please submit the completed form to the IBEW Local 461 Union Office)

By completing this form, you will be automatically enrolled at a contribution rate of 5% in the 401(k) feature of the IBEW Local No. 461 Defined Contribution Pension Plan (the "Plan"). You may choose to opt out of the 401(k) feature of the Plan in the future by completing the "Opt-Out Election form" (supplied separately). Please note: you will be given the opportunity to change your choice of election or opting-out when you change employers and once each year during the December enrollment period to be effective on the first business day of the new year.

Participant Information	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;">Name</div> <div style="width: 35%; border-bottom: 1px solid black; margin-bottom: 5px;">XXX-XX- Social Security Number (last 4 digits)</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; padding-bottom: 5px;">Street Address</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; padding-bottom: 5px;">City, State, ZIP Code</div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;">Daytime Phone Number</div> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;">Evening Phone Number</div> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;">Email address</div> </div>
401(k) Election	<input type="checkbox"/> By checking this box I hereby acknowledge that I wish to participate in the automatic 401(k) feature of the Plan. I understand 401(k) contributions will now be withheld from my pay as soon as administratively feasible (generally one payroll cycle is required for the election to become effective).

Employee Acknowledgement:

I acknowledge receipt of information regarding my right to make a 5% 401(k) contribution to the Plan, and I hereby elect to participate in the 401(k) feature. I understand that I must submit a copy of this 401(k) Opt-In Election Form to the Local Union Office and my election will continue until changed by me. I understand that I will be given the opportunity to participate or not to participate in the 401(k) feature during the annual December enrollment process (effective the following January), or when I am referred to a new employer.

Signature of Employee: _____ **Date:** _____

Name of Current or Future Employer: _____

(Local Union Office Use Only)	Received by the IBEW Local 461 Union Office <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;">Date</div> <div style="width: 55%; border-bottom: 1px solid black; margin-bottom: 5px;">Signature of IBEW Local 461 Union Office</div> </div>
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Distribution: Original to the IBEW Local 461 Union Office; copy to employer; copy to employee

Administrative Office:
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6525 Centurion Drive, Lansing, MI 48917
(866) 461-IBEW (4239)
(517) 321-7502/ (517) 321-7508 fax

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