

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-OUT ELECTION FORM

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

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") unless you elect to waive participation by completing this form.

Participant Information	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Name _____ XXX-XX- Social Security Number (last 4 digits) _____ </div> <div style="margin-bottom: 5px;">Street Address _____</div> <div style="margin-bottom: 5px;">City, State, ZIP Code _____</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Daytime Phone Number _____ Evening Phone Number _____ Email address _____ </div>
401(k) Opt-Out Election	<p>By checking this box I hereby opt out of the 401(k) feature of the Plan. I understand that if I have not been previously enrolled, no 401(k) contributions will be withheld from my pay. If I am currently enrolled, the 401(k) contributions will be stopped as soon as administratively feasible (generally one payroll cycle is required for the opt-out to become effective).</p>

If you opt out of the 401(k) feature of the Plan you will be given the opportunity to re-enroll 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.

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 opt out of this 401(k) feature. I understand that I must submit a copy of the 401(k) Opt-Out Election Form to the Local Union Office and my opt-out election will continue until changed by me. I understand that I will be given the opportunity to re-enroll 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:** _____

(Local Union Office Use Only)	<p>Received by the IBEW Local 461 Union Office</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div> <p>Date Signature of IBEW Local 461 Union Office</p>
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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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